

IN PATIENT SUMMARY BILL

UHID : MHI202482223

IP No : IPH2024000288

Patient name : Mr.EALUMALAI C

Age : 43 Y 0 M 13 D/Male

Bill No : MMH/HM/IPH202400280

Bill Date : 07/02/2024

DOA : 7/2/2024 10:46AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 8,477.00
2	PHARMACY CHARGE	₹ 7,523.00
Gross Amount		₹ 16,000.00
Net Payable		₹ 16,000.00
Advance Amount		₹ 16,000.00
Received Amount		₹ 0.00

Received Amount in Words : Sixteen Thousand Only

ASHWIN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/02/2024	MMH/HM/RECAP2024003	CASH	Advance Amount	16,000.00