

IN PATIENT SUMMARY BILL

UHID : MHI202482347

IP No : IPH2024000343

Patient name : Mr.HARIRAM.P

Age : 42 Y 2 M 16 D/Male

Bill No : MMH/HM/IPH202400335

Bill Date : 14/02/2024

DOA : 14/2/2024 9:26AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,946.00
2	PHARMACY CHARGE	₹ 6,054.00
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

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/02/2024	MMH/HM/RECAP2024003	CASH	Advance Amount	16,000.00