

IN PATIENT SUMMARY BILL

UHID : MHI202482439

IP No : IPH2024000388

Patient name : Mrs.PUSHPARANI .J

Age : 51 Y 2 M 1 D/Female

Bill No : MMH/HM/IPH202400371

Bill Date : 19/02/2024

DOA : 19/2/2024 10:24AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,191.00
2	PHARMACY CHARGE	₹ 5,809.00
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

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/02/2024	MMH/HM/RECAP2024004	CARD	Advance Amount	16,000.00