IN PATIENT SUMMARY BILL

UHID	:	MHI202482461	Bill No	:	MMH/HM/IPH202400381
IP No	:	IPH2024000403	Bill Date	:	20/02/2024
Patient name	:	Mrs.MANJULA.G	DOA	:	20/2/2024 10:52AM
Age	:	49 Y 1 M 18 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.V.JAGANATHAN			

S.No	Description		Amount
1	CARDIOLOGY PACKAGE-HEART	₹	10,031.00
2	LABORATORY	₹	130.00
3	PHARMACY CHARGE	₹	5,969.00
	Gross Amount	₹	**16,130.00**
	Net Payable	₹	**16,130.00**
	Advance Amount	₹	**16,130.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Sixteen Thousand One Hundred Thirty Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	16,000.00
2	20/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	130.00