

IN PATIENT SUMMARY BILL

UHID : MHI202482473

IP No : IPH2024000410

Patient name : Mrs.SHANMUGA PRIYA RAJINIKANTH

Age : 43 Y 2 M 19 D/Female

Consultant Name : Dr.NARENDRAN M

Bill No : MMH/HM/IPH202400391

Bill Date : 21/02/2024

DOA : 21/2/2024 7:49AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount	
1	CARDIOLOGY PACKAGE-HEART	₹	8,678.00
2	PHARMACY CHARGE	₹	7,322.00
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	21/02/2024	MMH/HM/RECAP2024004	CARD	Advance Amount	16,000.00