

IN PATIENT SUMMARY BILL

UHID : MHC202407865

IP No : IPH2024000717

Patient name : Mr.JAMES KULANDAIRAJ

Age : 62 Y 1 M 5 D/Male

Bill No : MMH/HM/IPH202400697

Bill Date : 26/03/2024

DOA : 26/3/2024 11:33AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,504.00
2	PHARMACY CHARGE	₹ 6,496.00
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	26/03/2024	MMH/HM/RECAP2024008	UPI	Advance Amount	16,000.00