

IN PATIENT SUMMARY BILL

UHID : MHI202482594

IP No : IPH2024000525

Patient name : Mrs.RADHA DAMODARAN

Age : 72 Y 7 M 19 D/Female

Bill No : MMH/HM/IPH202400511

Bill Date : 06/03/2024

DOA : 6/3/2024 8:12AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 8,602.00
2	PHARMACY CHARGE	₹ 7,398.00
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	06/03/2024	MMH/HM/RECAP2024005	CARD	Advance Amount	16,000.00