IN PATIENT SUMMARY BILL

UHID	:	MHI202482654	Bill No	:	MMH/HM/IPH202400727
IP No	:	IPH2024000742	Bill Date	:	30/03/2024
Patient name	:	Mr.KAMARAJ	DOA	:	29/3/2024 8:15AM
Age	:	62 Y 11 M 16 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	CARDIOLOGY PACKAGE-HEART	₹	8,699.00
2	PHARMACY CHARGE	₹	7,301.00
	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	29/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	16,000.00