IN PATIENT SUMMARY BILL

UHID	:	MHI202482693	Bill No	:	MMH/HM/IPH202400496
IP No	:	IPH2024000500	Bill Date	:	04/03/2024
Patient name	:	Mr.DHAMODARAN	DOA	:	4/3/2024 10:14AM
Age	:	49 Y 10 M 1 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description		Amount
1	CARDIOLOGY PACKAGE-HEART	₹	6,303.00
2	PHARMACY CHARGE	₹	9,697.00
	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	04/03/2024	MMH/HM/RECAP202400[illegible]	CARD	Advance Amount	16,000.00