

IN PATIENT SUMMARY BILL

UHID : MHI202482720

IP No : IPH2024000532

Patient name : Mr.DAYANIDHI G

Age : 54 Y 11 M 5 D/Male

Bill No : MMH/HM/IPH202400521

Bill Date : 06/03/2024

DOA : 6/3/2024 10:45AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

| S.No | Description | Amount |
|-----------------|--------------------------|-------------|
| 1 | CARDIOLOGY PACKAGE-HEART | ₹ 8,725.00 |
| 2 | PHARMACY CHARGE | ₹ 7,275.00 |
| 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

PRAVEEN KUMAR
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|----------------|-----------------|
| 1 | 06/03/2024 | MMH/HM/RECAP2024005 | UPI | Advance Amount | 16,000.00 |