

IN PATIENT SUMMARY BILL

UHID : MHI202482765

IP No : IPH2024000539

Patient name : Mr.MURALIDHARAN

Age : 43 Y 8 M 1 D/Male

Bill No : MMH/HM/IPH202400530

Bill Date : 07/03/2024

DOA : 7/3/2024 9:50AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,725.00
2	PHARMACY CHARGE	₹ 6,275.00
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	07/03/2024	MMH/HM/RECAP2024000539	CARD	Advance Amount	16,000.00