IN PATIENT SUMMARY BILL

UHID	:	MHI202482886	Bill No	:	MMH/HM/IPH202400584
IP No	:	IPH2024000599	Bill Date	:	13/03/2024
Patient name	:	Mr.MAHADEVAN.N	DOA	:	13/3/2024 11:09AM
Age	:	57 Y 9 M 13 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description		Amount
1	CARDIOLOGY PACKAGE-HEART	₹	7,661.00
2	PHARMACY CHARGE	₹	8,339.00
	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	13/03/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	10,000.00
2	13/03/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	6,000.00