

IN PATIENT SUMMARY BILL

UHID : MHI202482926

IP No : IPH2024000627

Patient name : Mr.RAVI.D

Age : 45 Y 10 M 25 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400601

Bill Date : 15/03/2024

DOA : 15/3/2024 12:45PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 7,495.00
2	PHARMACY CHARGE	₹ 8,505.00
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	15/03/2024	MMH/HM/RECAP202400601	UPI	Advance Amount	16,000.00