

IN PATIENT SUMMARY BILL

UHID : MHI202482933

IP No : IPH2024000635

Patient name : Mrs.HEMALATHA .P.K

Age : 59 Y 5 M 23 D/Female

Bill No : MMH/HM/IPH202400608

Bill Date : 16/03/2024

DOA : 16/3/2024 11:46AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,482.00
2	PHARMACY CHARGE	₹ 6,518.00
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	16/03/2024	MMH/HM/RECAP2024007	CARD	Advance Amount	16,000.00