

IN PATIENT SUMMARY BILL

UHID : MHI202483033

IP No : IPH2024000695

Patient name : Mrs.RANI K

Age : 57 Y 2 M 20 D/Female

Bill No : MMH/HM/IPH202400673

Bill Date : 23/03/2024

DOA : 23/3/2024 10:52AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,456.00
2	PHARMACY CHARGE	₹ 6,544.00
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

ASHWIN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/03/2024	MMH/HM/RECAP2024008	CARD	Advance Amount	16,000.00