

IN PATIENT SUMMARY BILL

UHID : MHI202483081

IP No : IPH2024000961

Patient name : Ms.RANI.K

Age : 75 Y 9 M 9 D/Female

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400939

Bill Date : 22/04/2024

DOA : 22/4/2024 10:11AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,457.00
2	PHARMACY CHARGE	₹ 6,543.00
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	22/04/2024	MMH/HM/RECAP2024010	CARD	Advance Amount	16,000.00