

IN PATIENT SUMMARY BILL

UHID : MHI202483166

IP No : IPH2024000767

Patient name : Mr.RAVI.T.S

Age : 61 Y 6 M 16 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400749

Bill Date : 01/04/2024

DOA : 1/4/2024 10:08AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,928.00
2	PHARMACY CHARGE	₹ 6,072.00
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	01/04/2024	MMH/HM/RECAP2024005	CARD	Advance Amount	16,000.00