

IN PATIENT SUMMARY BILL

UHID : MHI202483198

IP No : IPH2024000796

Patient name : Mr.JAYAPALA

Age : 64 Y 11 M 26 D/Male

Bill No : MMH/HM/IPH202400772

Bill Date : 03/04/2024

DOA : 3/4/2024 10:59AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

| S.No | Description | Amount |
|-----------------|--------------------------|-------------|
| 1 | CARDIOLOGY PACKAGE-HEART | ₹ 8,527.00 |
| 2 | PHARMACY CHARGE | ₹ 7,473.00 |
| 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 | 03/04/2024 | MMH/HM/RECAP2024005 | CARD | Advance Amount | 16,000.00 |