

IN PATIENT SUMMARY BILL

UHID : MHI202483222

IP No : IPH2024000797

Patient name : Mrs.SASIKALA P

Age : 51 Y 9 M 1 D/Female

Bill No : MMH/HM/IPH202400781

Bill Date : 03/04/2024

DOA : 3/4/2024 11:06AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.NARENDRAN M

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,480.00
2	PHARMACY CHARGE	₹ 6,520.00
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	03/04/2024	MMH/HM/RECAP2024005	CASH	Advance Amount	16,000.00