IN PATIENT SUMMARY BILL

UHID	:	MHI202483348	Bill No	:	MMH/HM/IPH202400844
IP No	:	IPH2024000867	Bill Date	:	10/04/2024
Patient name	:	Mr.NATARAJAN.J	DOA	:	10/4/2024 12:31PM
Age	:	46 Y 9 M 15 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description		Amount
1	CARDIOLOGY PACKAGE-HEART	₹	10,436.00
2	PHARMACY CHARGE	₹	5,564.00
	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	10/04/2024	MMH/HM/RECAP202400[illegible]	CARD	Advance Amount	16,000.00