

IN PATIENT SUMMARY BILL

UHID : MHI202483450

IP No : IPH2024000912

Patient name : Mr.SATHISH.P

Age : 46 Y 2 M 26 D/Male

Bill No : MMH/HM/IPH202400894

Bill Date : 16/04/2024

DOA : 16/4/2024 10:31AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.V.JAGANATHAN

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,296.00
2	PHARMACY CHARGE	₹ 5,704.00
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	16/04/2024	MMH/HM/RECAP2024010	CASH	Advance Amount	16,000.00