

IN PATIENT SUMMARY BILL

UHID : MHI202483458

IP No : IPH2024000913

Patient name : Mr.DHANASEKAR M

Age : 50 Y 11 M 28 D/Male

Bill No : MMH/HM/IPH202400895

Bill Date : 16/04/2024

DOA : 16/4/2024 10:50AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,956.00
2	PHARMACY CHARGE	₹ 6,044.00
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
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/04/2024	MMH/HM/RECAP2024010	CARD	Advance Amount	16,000.00