

IN PATIENT SUMMARY BILL

UHID : MHI202483529

IP No : IPH2024000955

Patient name : Mr.GNANAKUMAR S

Age : 63 Y 10 M 7 D/Male

Bill No : MMH/HM/IPH202400934

Bill Date : 22/04/2024

DOA : 22/4/2024 7:15AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.NARENDRAN M

| S.No | Description | Amount |
|-----------------|--------------------------|-------------|
| 1 | CARDIOLOGY PACKAGE-HEART | ₹ 7,879.00 |
| 2 | PHARMACY CHARGE | ₹ 8,121.00 |
| 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 | 22/04/2024 | MMH/HM/RECAP2024010 | CARD | Advance Amount | 16,000.00 |