

IN PATIENT SUMMARY BILL

UHID : MHI202483565

IP No : IPH2024000975

Patient name : Mr.ADHIMOOLAM P

Age : 63 Y 9 M 12 D/Male

Bill No : MMH/HM/IPH202400965

Bill Date : 24/04/2024

DOA : 24/4/2024 10:20AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 7,502.00
2	PHARMACY CHARGE	₹ 8,498.00
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	24/04/2024	MMH/HM/RECAP2024011	UPI	Advance Amount	16,000.00