

IN PATIENT SUMMARY BILL

UHID : MHI202483583

IP No : IPH2024000995

Patient name : Mr.KESAVAN

Age : 73 Y 4 M 22 D/Male

Bill No : MMH/HM/IPH202400973

Bill Date : 25/04/2024

DOA : 25/4/2024 9:32AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 14,191.00
2	PHARMACY CHARGE	₹ 5,809.00
Gross Amount		₹ 20,000.00
Net Payable		₹ 20,000.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty Thousand Only

PRAVEEN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/04/2024	MMH/HM/RECAP2024011	CASH	Advance Amount	20,000.00