IN PATIENT SUMMARY BILL

UHID	:	MHI202483624	Bill No	:	MMH/HM/IPH202400996
IP No	:	IPH2024001018	Bill Date	:	27/04/2024
Patient name	:	Mr.JAISHANKAR M	DOA	:	27/4/2024 11:18AM
Age	:	55 Y 11 M 10 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description		Amount
1	CARDIOLOGY PACKAGE-HEART	₹	10,733.00
2	PHARMACY CHARGE	₹	5,267.00
	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	27/04/2024	MMH/HM/RECAP202401	UPI	Advance Amount	3,000.00
2	27/04/2024	MMH/HM/RECAP202401	CASH	Advance Amount	13,000.00