

IN PATIENT SUMMARY BILL

UHID : MHI202483629

IP No : IPH2024001022

Patient name : Mrs.GEETHA S

Age : 75 Y 8 M 10 D/Female

Bill No : MMH/HM/IPH202400997

Bill Date : 27/04/2024

DOA : 27/4/2024 1:15PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,483.00
2	PHARMACY CHARGE	₹ 6,517.00
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/RECAP2024011	CASH	Advance Amount	16,000.00