

IN PATIENT SUMMARY BILL

UHID : MHI202483639

IP No : IPH2024001040

Patient name : Mr.RAJA

Age : 61 Y 8 M 8 D/Male

Bill No : MMH/HM/IPH202401013

Bill Date : 30/04/2024

DOA : 29/4/2024 1:40PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,000.00
2	PHARMACY CHARGE	₹ 7,000.00
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

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/04/2024	MMH/HM/RECAP2024011	CARD	Advance Amount	16,000.00