

IN PATIENT SUMMARY BILL

UHID : MHI202483676

IP No : IPH2024001054

Patient name : Mrs.ANURADHA.G

Age : 73 Y 3 M 15 D/Female

Bill No : MMH/HM/IPH202401030

Bill Date : 30/04/2024

DOA : 30/4/2024 11:45AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.NARENDRAN M

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,930.00
2	PHARMACY CHARGE	₹ 6,070.00
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	30/04/2024	MMH/HM/RECAP2024011	CASH	Advance Amount	16,000.00