

IN PATIENT SUMMARY BILL

UHID : MMH202477200

IP No : IP2024001161

Patient name : Mrs.VASUKI S

Age : 59 Y 1 M 29 D/Female

Bill No : MMH/MH/IP202401116

Bill Date : 24/05/2024

DOA : 23/5/2024 11:05AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.BASHEER AHMED ORTHO

S.No	Description	Amount
1	BED CHARGES	₹ 0.00
Gross Amount		₹ 0.00
Net Payable		₹ 0.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 30,000.00

Received Amount in Words : Thirty Thousand Only

KARTHICK

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/05/2024	MMH/MH/RECH2024018	CASH	Advance Amount	30,000.00