

IN PATIENT SUMMARY BILL

UHID : MMH202477200 Bill No : MMH/MH/IP202401116
IP No : IP2024001161 Bill Date : 24/05/2024
Patient name : Mrs.VASUKI S DOA : 23/5/2024 11:05AM
Age : 59 Y 1 M 29 D/Female 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/RECH20240180	CASH	Advance Amount	30,000.00