

IN PATIENT SUMMARY BILL

UHID : MHC202475877

IP No : IPC2024002816

Patient name : B/O.RADHA

Age : 0 Y 0 M 7 D/Female

Consultant Name : Dr.PRADHAP.K (NEONATOLOGY)

Bill No : MMH/CM/IP202402790

Bill Date : 11/10/2024

DOA : 10/10/2024 7:15PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	IP REGISTRATION	₹ 250.00
2	LABORATORY	₹ 145.00
3	PACKAGE	₹ 5,000.00
Gross Amount		₹ 5,395.00
Discount Amount		₹ 395.00
Net Payable		₹ 5,000.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00

Received Amount in Words : Five Thousand Only

IMANUVEL  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/10/2024	MMH/CM/RECAP202402150	UPI	Advance Amount	5,000.00