

IN PATIENT SUMMARY BILL

UHID : MHI202484374 Bill No : MMH/HM/IPH202401422
 IP No : IPH2024001442 Bill Date : 18/06/2024
 Patient name : Mrs.JENITTA R DOA : 18/6/2024 9:00AM
 Age : 47 Y 0 M 1 D/Female DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.K.JAISHANKAR

| S.No | Description | Amount |
|------|--------------------------|-------------|
| 1 | CARDIOLOGY PACKAGE-HEART | ₹ 9,487.00 |
| 2 | PHARMACY CHARGE | ₹ 6,513.00 |
| | Gross Amount | ₹ 16,000.00 |
| | Discount Amount | ₹ 16,000.00 |
| | Net Payable | ₹ 0.00 |
| | Received Amount | ₹ 0.00 |

Received Amount in Words : Zero Only

NITHESVAR R
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------|--------------|-------------|-----------------|
| 1 | | | | | |