

IN PATIENT SUMMARY BILL

UHID : MHI202484374

IP No : IPH2024001442

Patient name : Mrs.JENITTA R

Age : 47 Y 0 M 1 D/Female

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202401422

Bill Date : 18/06/2024

DOA : 18/6/2024 9:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

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

NITHESHVAR R
Authorised Signature

Payment History

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