

### IN PATIENT SUMMARY BILL

UHID : MHI202485731      Bill No : MMH/HM/IPH202402093  
 IP No : IPH2024002121      Bill Date : 10/09/2024  
 Patient name : Mr.MANI      DOA : 10/9/2024 3:00PM  
 Age : 72 Y 0 M 0 D/Male      DOD :  
 Entity Type : CASH  
 Entity Name : CASH  
 Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 4,159.00
2	PHARMACY CHARGE	₹ 5,841.00
	<b>Gross Amount</b>	₹ 10,000.00
	<b>Discount Amount</b>	₹ 10,000.00
	<b>Net Payable</b>	₹ 0.00
	<b>Received Amount</b>	₹ 0.00

Received Amount in Words : Zero Only

PRAVEEN  
Authorised Signature

#### Payment History

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