

IN PATIENT SUMMARY BILL

UHID : MHI202485731

IP No : IPH2024002121

Patient name : Mr.MANI

Age : 72 Y 0 M 0 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202402093

Bill Date : 10/09/2024

DOA : 10/9/2024 3:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

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