

Out Patient Bill

Patient Name	: Ms.KHATIJA RAHMAN	Bill No	: MMH/MH/DG202400528
Patient Id	: MH44214	Bill Date	: 24/02/2024 4:40:54PM
Age/Gender	: 25/Female	Visit Report Id	: MH44214-V001
Phone Number	: 9840770961	Payment Mode	: CARD
Doctor Name	: Dr.CM THIAGARAJAN	Entity Name	: CASH
Entity Type	: CASH		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CASUALTY BED CHARGES	1.00	₹1,000.00	₹0.00	₹1,000.00
		Total Amount	:		₹1,000.00
		Net Amount	:		₹ 1,000.00
		Amount Received	:		₹ 1,000.00

Received Amount : One Thousand Only  
In Words

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Transaction No	Received Amount
1	24/02/2024	MMH/MH/REDH202404085	CARD		1,000.00