

Out Patient Bill

Patient Name	: Mrs.SUMITA SINGHA ROY	Bill No	: MMH/MH/DG00220
Patient Id	: MMH202371639	Bill Date	: 07/12/2023 11:32:57AM
Age/Gender	: 69 Y 8 M 6 D/Female	Visit Report Id	: MMH202371639-V002
Phone Number	: 9732879193	Payment Mode	: CASH
Doctor Name	: Dr.MEDWAY HOSPITAL	Entity Name	: CASH
Entity Type	: CASH		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	L.S. SPINE AP & LAT	1.00	₹600.00	₹0.00	₹600.00
2	BOTH KNEE AP/ LAT	1.00	₹1,200.00	₹0.00	₹1,200.00
3	FILM CHARGES	3.00	₹100.00	₹0.00	₹300.00
		Total Amount	:		₹2,100.00

Received Amount	:	Two Thousand One Hundred	Net Amount	:	₹ 2,100.00
In Words	:	Only	Amount Received	:	₹ 2,100.00

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-07 11:32:57.416	MMH/MH/REDH01000	CASH	Collected Amount	2,100.00