## **Out Patient Bill**

Patient Name: Mr.SANJOY NANDIPatient Id: MMH202476159Age/Gender: 45 Y 2 M 7 D/Male

**Phone Number** : 8617657411

**Doctor Name**: Dr.MEDWAY HOSPITAL

Entity Type : CASH

 Bill No
 : MMH/MH/DG202401241

 Bill Date
 : 25/04/2024 9:17:52AM

 Visit Report Id
 : MMH202476159-V001

Payment Mode : CASH

Entity Name : CASH

S.No	Description	Qty	Unit Rate	Discount	Amount
1	MHC EXECUTIVE PLATINUM	1.00	₹4,500.00	₹0.00	₹4,500.00
		Total Amount	:		₹4,500.00
		Net Amount	:		₹ 4,500.00
		Amount Received	:		₹ 4,500.00

 $\mbox{\bf Received Amount} \quad : \mbox{\bf Four Thousand Five}$ 

In Words Hundred Only

KARTHIK C
Authorised Signature

## **Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Transaction No	Received Amount
1	2024-04-25 09:1	MMH/MH/REDH202408644	CASH		4,500.00