Out Patient Bill

Patient Name	: **Mr.SEKAR V**	**Bill No**	: MMH/MM/OPM202524764
Patient Id	: **MHM202505316**	**Bill Date**	: 08/10/2025 12:15:59PM
Age/Gender	: 78 Y 10 M 1 D/Male	**Visit Report Id**	: MHM202505316-V017
Phone Number	: 9487337580	**Payment Mode**	: UPI
Doctor Name	: Dr.RAJEEVALOCHANA PARTHASARATHY	**Entity Name**	: SELF
Entity Type	: SELF		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBC	1.00	₹650.00	₹0.00	₹650.00
2	URINE ROUTINE ANALYSIS	1.00	₹180.00	₹0.00	₹180.00
3	SPOT PROTEIN / CREATININE RATIO	1.00	₹450.00	₹0.00	₹450.00
4	TOTAL PROTEIN	1.00	₹240.00	₹0.00	₹240.00
5	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00
6	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
7	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
8	ALBUMIN	1.00	₹180.00	₹0.00	₹180.00
		Total Amount	:		**₹4,700.00**
		Net Amount	:		**₹ 3,900.00**
		Amount Received	:		**₹ 3,900.00**

Received Amount In Words : **Three Thousand Nine Hundred Only**

HEMA KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Transaction No	Received Amount
1	2025-10-08 15:31:4	MMH/MM/RECBD202529265	UPI		3,900.00