Out Patient Bill

Patient Name	: **Ms.CHITHRA.M**	**Bill No**	: MMH/MH/DG00131
Patient Id	: **MH00117**	**Bill Date**	: 29/11/2023 1:05:39PM
Age/Gender	: 58/Female	**Visit Report Id**	: MH00117-V001
Phone Number	: 9444203978	**Payment Mode**	: UPI
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 29/11/2023 12:46:15PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ESR	1.00	₹200.00	₹0.00	₹200.00
2	C.R.P. (C-Reactive Protein)	1.00	₹600.00	₹0.00	₹600.00
3	CBC	1.00	₹650.00	₹0.00	₹650.00
4	FLU PANEL(INF A,B,H1N1,H3N2,RSV..	1.00	₹6,200.00	₹0.00	₹6,200.00

Total Amount	:	**₹7,650.00**
Discount Amount	:	**₹1,147.00**
Net Amount	:	**₹ 6,503.00**
Amount Received	:	**₹ 6,503.00**

Received Amount in Words : **Six Thousand Five Hundred Three Only**

DINESH
Authorised Signature