Out Patient Bill

Patient Name	: **Ms.UMAYAL**	**Bill No**	: MMH/MH/DG00319
Patient Id	: **MH58502**	**Bill Date**	: 11/12/2023 2:42:00PM
Age/Gender	: 64/Female	**Visit Report Id**	: MH58502-V001
Phone Number	: 9884657499	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 11/12/2023 2:29:46PM	**Entity Name**	: CASH
Speciality	: GENERAL MEDICINE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	MANTOUX TEST	1.00	₹180.00	₹0.00	₹180.00
2	ANA (ANTI NUCLEAR ANTIBODY)	1.00	₹1,260.00	₹0.00	₹1,260.00
3	VITAMIN B 12	1.00	₹1,200.00	₹0.00	₹1,200.00
4	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00
5	CBC	1.00	₹650.00	₹0.00	₹650.00
6	25-OH VITAMIN D3	1.00	₹1,800.00	₹0.00	₹1,800.00
7	MANTOUX TEST	1.00	₹180.00	₹0.00	₹180.00
8	THYROID PROFILE (TOTAL)	1.00	₹900.00	₹0.00	₹900.00
9	MICROALBUMINURIA - SPOT	1.00	₹780.00	₹0.00	₹780.00
10	LIPID PROFILE	1.00	₹750.00	₹0.00	₹750.00
11	RHEUMATOID FACTOR	1.00	₹720.00	₹0.00	₹720.00
12	ESR	1.00	₹200.00	₹0.00	₹200.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	C.R.P. (C-Reactive Protein)	1.00	₹600.00	₹0.00	₹600.00
14	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
15	GLUCOSE (FASTING)	1.00	₹150.00	₹0.00	₹150.00
16	HbA1c	1.00	₹750.00	₹0.00	₹750.00
17	GLUCOSE (PP 2 HOURS)	1.00	₹150.00	₹0.00	₹150.00

Total Amount	:	**₹12,470.00**
Discount Amount	:	**₹12,470.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

DINESH

Authorised Signature