Out Patient Bill

Patient Name	: **Mr.NAGAPPAN**	**Bill No**	: MMH/MH/DG00324
Patient Id	: **MHI202372081**	**Bill Date**	: 11/12/2023 3:30:08PM
Age/Gender	: 67/Male	**Visit Report Id**	: MHI202372081-V001
Phone Number	: 7299067807	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 11/12/2023 3:19:14PM	**Entity Name**	: CASH
Speciality	: GENERAL MEDICINE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
2	CBC	1.00	₹650.00	₹0.00	₹650.00
3	LIPID PROFILE	1.00	₹750.00	₹0.00	₹750.00
4	25-OH VITAMIN D3	1.00	₹1,800.00	₹0.00	₹1,800.00
5	VITAMIN B 12	1.00	₹1,200.00	₹0.00	₹1,200.00
6	THYROID PROFILE (TOTAL)	1.00	₹900.00	₹0.00	₹900.00
7	GLUCOSE (PP 2 HOURS)	1.00	₹150.00	₹0.00	₹150.00
8	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00
9	ESR	1.00	₹200.00	₹0.00	₹200.00
10	HbA1c	1.00	₹750.00	₹0.00	₹750.00
11	GLUCOSE (FASTING)	1.00	₹150.00	₹0.00	₹150.00
12	MICROALBUMINURIA - SPOT	1.00	₹780.00	₹0.00	₹780.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹9,530.00**
		Discount Amount	:		**₹9,530.00**
		Net Amount	:		**₹ 0.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

DINESH

Authorised Signature