Out Patient Bill

Patient Name	: **Mr.PALANIAPPAN T**	**Bill No**	: MMH/MH/DG00415
Patient Id	: **MHI202371118**	**Bill Date**	: 16/12/2023 9:31:11PM
Age/Gender	: 51/Male	**Visit Report Id**	: MHI202371118-V003
Phone Number	: 9841026161	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 16/12/2023 9:24:17PM	**Entity Name**	: CASH
Speciality	: DIABETOLOGY		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	THYROID PROFILE (TOTAL)	1.00	₹900.00	₹0.00	₹900.00
2	SEROLOGY (HIV/HBSAG/ANTI HCV) -ELISA	1.00	₹3,360.00	₹0.00	₹3,360.00
3	DENGUE IG M ELFA	1.00	₹960.00	₹0.00	₹960.00
4	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
5	CBC	1.00	₹650.00	₹0.00	₹650.00
6	C.R.P. (C-Reactive Protein)	1.00	₹600.00	₹0.00	₹600.00
7	ESR	1.00	₹200.00	₹0.00	₹200.00
8	DENGUE NS1 ELFA	1.00	₹1,440.00	₹0.00	₹1,440.00
9	PSA-TOTAL PROSTATE SPECIFIC ANTIGE	1.00	₹900.00	₹0.00	₹900.00
10	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹11,210.00**
		Discount Amount	:		**₹11,210.00**
		Net Amount	:		**₹ 0.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

PREM

Authorised Signature