Out Patient Bill

Patient Name	: **Mr.DIALYSIS MACHINE**	**Bill No**	: MMH/MH/DG00530
Patient Id	: **MMH202372309**	**Bill Date**	: 21/12/2023 12:00:20PM
Age/Gender	: 0 Y 0 M 0 D/Male	**Visit Report Id**	: MMH202372309-V003
Phone Number	: 9345930819	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 21/12/2023 11:59:10AM	**Entity Name**	: CASH
Speciality	: GENERAL MEDICINE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ELECTROLYTES	3.00	₹750.00	₹0.00	₹2,250.00
2	CULTURE and SENSITIVITY	2.00	₹840.00	₹0.00	₹1,680.00

Total Amount	:	**₹3,930.00**
Discount Amount	:	**₹3,930.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

DINESH
Authorised Signature