Out Patient Bill

Patient Name	: **Mrs.MEERA BAI K R**	**Bill No**	: MMH/MH/IP00238
Patient Id	: **MHI202378853**	**Bill Date**	: 28/12/2023 2:03:11PM
Age/Gender	: 75 Y 1 M 13 D/Female	**Visit Report Id**	: MHI202378853-IP001
Phone Number	: 9994287552	**Payment Mode**	: CARD
Doctor Name	: Dr.ARUN RAMANAN	**Entity Type**	: CASH
Visit Date	: 27/12/2023 1:01:04PM	**Entity Name**	: CASH
Speciality	: ONCOLOGY		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBG. (Capillary Blood Glucose)	1.00	₹156.00	₹0.00	₹156.00
2	DMO CHARGE	.00 days	₹700.00	₹0.00	₹700.00
3	PROFESSIONAL FEES(Dr.BASHEER AHMED (ORTHO))	1.00	₹750.00	₹0.00	₹750.00
4	NURSING CHARGES	1.00	₹750.00	₹0.00	₹750.00
5	25-OH VITAMIN D3	1.00	₹2,340.00	₹0.00	₹2,340.00
6	CERVICAL SPINE AP & LAT	1.00	₹780.00	₹0.00	₹780.00
7	RENAL FUNCTION TEST	1.00	₹1,911.00	₹0.00	₹1,911.00
8	CBC	1.00	₹845.00	₹0.00	₹845.00
9	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
10	BED CHARGE - ELITE ROOM	.00 days	₹7,150.00	₹0.00	₹7,150.00
11	ELECTROLYTES	1.00	₹975.00	₹0.00	₹975.00

Patient Name	: **Mrs.MEERA BAI K R**	**Bill No**	: MMH/MH/IP00238
Patient Id	: **MHI202378853**	**Bill Date**	: 28/12/2023 2:03:11PM
Age/Gender	: 75 Y 1 M 13 D/Female	**Visit Report Id**	: MHI202378853-IP001
Phone Number	: 9994287552	**Payment Mode**	: CARD
Doctor Name	: Dr.ARUN RAMANAN	**Entity Type**	: CASH
Visit Date	: 27/12/2023 1:01:04PM	**Entity Name**	: CASH
Speciality	: ONCOLOGY		

S.No	Description	Qty	Unit Rate	Discount	Amount
12	LIVER FUNCTION TEST	1.00	₹1,040.00	₹0.00	₹1,040.00

Total Amount	:	**₹17,747.00**
Discount Amount	:	**₹2,658.00**
Net Amount	:	**₹ 15,447.00**
Amount Received	:	**₹ 5,447.00**

Received Amount in Words : **Fifteen Thousand Four Hundred Forty-Seven Only**

KARTHIK C

Authorised Signature