Out Patient Bill

Patient Name	: **Ms.UMAYAL**	**Bill No**	: MMH/MH/DG00684
Patient Id	: **MH58502**	**Bill Date**	: 30/12/2023 6:37:12PM
Age/Gender	: 64/Female	**Visit Report Id**	: MH58502-V002
Phone Number	: 9884657499	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 30/12/2023 4:17:40PM	**Entity Name**	: CASH
Speciality	: GENERAL MEDICINE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ANKLE JOINT AP/LAT (LEFT)	1.00	₹600.00	₹0.00	₹600.00
2	FILM CHARGES	1.00	₹100.00	₹0.00	₹100.00

Total Amount	:	**₹700.00**
Discount Amount	:	**₹700.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C
Authorised Signature