

**Out Patient Bill**

**Patient Name** : Mr.SHANKHARAN  
**Patient Id** : MMH202472708  
**Age/Gender** : 64 Y 0 M 6 D/Male  
**Phone Number** : 8637442477  
**Doctor Name** : Dr.T.PALANIAPPAN  
**Visit Date** : 03/01/2024 12:40:51PM  
**Speciality** : DIABETOLOGY

**Bill No** : MMH/MH/DG202400027  
**Bill Date** : 03/01/2024 12:43:00PM  
**Visit Report Id** : MMH202472708-V001  
**Payment Mode** : UPI  
**Entity Type** : CASH  
**Entity Name** : CASH

| S.No | Description             | Qty  | Unit Rate | Discount | Amount    |
|------|-------------------------|------|-----------|----------|-----------|
| 1    | 25-OH VITAMIN D3        | 1.00 | ₹1,800.00 | ₹0.00    | ₹1,800.00 |
| 2    | VITAMIN B 12            | 1.00 | ₹1,200.00 | ₹0.00    | ₹1,200.00 |
| 3    | THYROID PROFILE (TOTAL) | 1.00 | ₹900.00   | ₹0.00    | ₹900.00   |
| 4    | HbA1c                   | 1.00 | ₹750.00   | ₹0.00    | ₹750.00   |
| 5    | RENAL FUNCTION TEST     | 1.00 | ₹1,400.00 | ₹0.00    | ₹1,400.00 |
| 6    | GLUCOSE ( RANDOM)       | 1.00 | ₹150.00   | ₹0.00    | ₹150.00   |

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| S.No | Description     | Qty | Unit Rate | Discount | Amount     |
|------|-----------------|-----|-----------|----------|------------|
|      | Total Amount    | :   |           |          | ₹6,200.00  |
|      | Discount Amount | :   |           |          | ₹930.00    |
|      | Net Amount      | :   |           |          | ₹ 5,270.00 |
|      | Amount Received | :   |           |          | ₹ 5,270.00 |

**Received Amount** : Five Thousand Two Hundred Seventy Only  
**in Words**

KARTHIK C  
**Authorised Signature**