## Out Patient Bill

| | | | |
|---|---|---|---|
| **Patient Name** | : **Mrs.RAJESWARI SANKARAN** | **Bill No** | : MMH/MH/DG202400028 |
| **Patient Id** | : **MMH202400033** | **Bill Date** | : 03/01/2024 12:53:41PM |
| **Age/Gender** | : 58 Y 7 M 24 D/Female | **Visit Report Id** | : MMH202400033-V002 |
| **Phone Number** | : 9840802335 | **Payment Mode** | : UPI |
| **Doctor Name** | : Dr.T.PALANIAPPAN | **Entity Type** | : CASH |
| **Visit Date** | : 03/01/2024 12:35:49PM | **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 | VITAMIN B 12 | 1.00 | ₹1,200.00 | ₹0.00 | ₹1,200.00 |
| 3 | 25-OH VITAMIN D3 | 1.00 | ₹1,800.00 | ₹0.00 | ₹1,800.00 |

| | | |
|---|---|---|
| **Total Amount** | : | **₹3,900.00** |
| **Discount Amount** | : | **₹585.00** |
| **Net Amount** | : | **₹ 3,315.00** |
| **Amount Received** | : | **₹ 3,315.00** |

**Received Amount in Words** : **Three Thousand Three Hundred Fifteen Only**

KARTHIK C
**Authorised Signature**