Out Patient Bill

Patient Name	: **Ms.NALINI SHINGVI**	**Bill No**	: MMH/MH/DG202400411
Patient Id	: **MH51797**	**Bill Date**	: 09/02/2024 1:00:06PM
Age/Gender	: 66/Female	**Visit Report Id**	: MH51797-V001
Phone Number	: 9445093745	**Payment Mode**	: CASH
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 09/02/2024 12:27:59PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	USG ABDOMEN (OP)	1.00	₹1,500.00	₹0.00	₹1,500.00
2	CT CHEST - OP	1.00	₹5,500.00	₹0.00	₹5,500.00

Total Amount	:	**₹7,000.00**
Discount Amount	:	**₹1,050.00**
Net Amount	:	**₹ 5,950.00**
Amount Received	:	**₹ 5,950.00**

Received Amount in Words : **Five Thousand Nine Hundred Fifty Only**

KARTHIK C
Authorised Signature