Out Patient Bill

Patient Name	: **Mrs.AKILA**	**Bill No**	: MMH/MH/DG202400430
Patient Id	: **MMH202473616**	**Bill Date**	: 12/02/2024 6:11:41PM
Age/Gender	: 52 Y 0 M 6 D/Female	**Visit Report Id**	: MMH202473616-V001
Phone Number	: 7708141853	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 12/02/2024 6:07:26PM	**Entity Name**	: CASH
Speciality	: GENERAL MEDICINE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	TROP I (QUANTITATIVE)	1.00	₹3,240.00	₹0.00	₹3,240.00

Total Amount	:	**₹3,240.00**
Discount Amount	:	**₹810.00**
Net Amount	:	**₹ 2,430.00**
Amount Received	:	**₹ 0.00**
Due Amount	:	**₹ 2,430.00**

Received Amount in Words : **Zero Only**

DINESH

Authorised Signature