Out Patient Bill

Patient Name	: **Ms.MONISHA G**	**Bill No**	: MMH/MH/DG202400447
Patient Id	: **MH50971**	**Bill Date**	: 15/02/2024 1:29:22PM
Age/Gender	: 24/Female	**Visit Report Id**	: MH50971-V001
Phone Number	: 6379366216	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 15/02/2024 1:17:45PM	**Entity Name**	: CASH
Speciality	: GENERAL MEDICINE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	X-RAY SCREENING	2.00	₹300.00	₹0.00	₹600.00

Total Amount	:	**₹600.00**
Discount Amount	:	**₹600.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

DINESH
Authorised Signature