Out Patient Bill

Patient Name	: **Ms.KOKILA V**	**Bill No**	: MMH/MH/DG202400454
Patient Id	: **MH55192**	**Bill Date**	: 16/02/2024 12:41:28PM
Age/Gender	: 30/Female	**Visit Report Id**	: MH55192-V001
Phone Number	: 8056007980	**Payment Mode**	: AFFORDPLAN
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 16/02/2024 12:12:50PM	**Entity Name**	: CASH
Speciality	: DIABETOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00
2	SPOT PROTEIN / CREATININE RATIO	1.00	₹600.00	₹0.00	₹600.00
3	ECHO	1.00	₹1,750.00	₹0.00	₹1,750.00
4	GLUCOSE (RANDOM)	1.00	₹150.00	₹0.00	₹150.00
5	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
6	CBC	1.00	₹650.00	₹0.00	₹650.00
7	PROTHROMBIN TIME	1.00	₹300.00	₹0.00	₹300.00
8	ECG - OP	1.00	₹250.00	₹0.00	₹250.00
9	RENAL ARTERY DOPPLER	1.00	₹3,000.00	₹0.00	₹3,000.00
10	THYROID PROFILE (TOTAL)	1.00	₹900.00	₹0.00	₹900.00
11	MICROALBUMINURIA - SPOT	1.00	₹780.00	₹0.00	₹780.00

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Visit Date	: 16/02/2024 12:12:50PM	**Entity Name**	: CASH
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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹10,580.00**
		Discount Amount	:		**₹1,058.00**
		Net Amount	:		**₹ 9,522.00**
		Amount Received	:		**₹ 9,522.00**

Received Amount in Words : **Nine Thousand Five Hundred Twenty-Two Only**

KARTHICK

Authorised Signature