Out Patient Bill

Patient Name	: **Mrs.AKILA**	**Bill No**	: MMH/MH/DG202400498
Patient Id	: **MMH202473616**	**Bill Date**	: 22/02/2024 6:32:52PM
Age/Gender	: 52 Y 0 M 16 D/Female	**Visit Report Id**	: MMH202473616-V002
Phone Number	: 7708141853	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 22/02/2024 6:31:42PM	**Entity Name**	: CASH
Speciality	: GENERAL MEDICINE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	TROPONIN - I (Qualitative)	1.00	₹1,000.00	₹0.00	₹1,000.00

Total Amount	:	**₹1,000.00**
Discount Amount	:	**₹250.00**
Net Amount	:	**₹ 750.00**
Amount Received	:	**₹ 0.00**
Due Amount	:	**₹ 750.00**

Received Amount in Words : **Zero Only**

KARTHIK C

Authorised Signature