

Out Patient Bill

Patient Name : Ms.KAYALVIZHI P
Patient Id : MH58205
Age/Gender : 56/Female
Phone Number : 8489204763
Doctor Name : Emergency Doctor
Visit Date : 24/02/2024 3:19:04PM
Speciality : GENERAL MEDICINE

Bill No : MMH/MH/DG202400527
Bill Date : 24/02/2024 3:22:10PM
Visit Report Id : MH58205-V002
Payment Mode : UPI
Entity Type : CASH
Entity Name : CASH

S.No	Description	Qty	Unit Rate	Discount	Amount
1	URINE ROUTINE ANALYSIS	1.00	₹180.00	₹0.00	₹180.00
2	CT SCREENING (CHEST)-OP	1.00	₹2,500.00	₹0.00	₹2,500.00
3	COVI INFLUENZA VIRUS PANEL	1.00	₹7,500.00	₹0.00	₹7,500.00
4	CBC	1.00	₹650.00	₹0.00	₹650.00

Total Amount : ₹10,830.00
Discount Amount : ₹1,625.00
Net Amount : ₹ 9,205.00
Amount Received : ₹ 9,205.00

Received Amount : Nine Thousand Two Hundred Five Only
in Words

SUGUNA
Authorised Signature