Out Patient Bill

Patient Name	: **Mrs.INDHUMATHI V B**	**Bill No**	: MMH/MH/DG202400605
Patient Id	: **MH44329**	**Bill Date**	: 04/03/2024 2:41:05PM
Age/Gender	: 32 Y 1 M 19 D/Female	**Visit Report Id**	: MH44329-V003
Phone Number	: 9150135092	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 04/03/2024 2:35:35PM	**Entity Name**	: CASH
Speciality	: GENERAL		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	DENGUE NS1 ELFA	1.00	₹1,440.00	₹0.00	₹1,440.00
2	BETA HCG	1.00	₹500.00	₹0.00	₹500.00
3	URINE ROUTINE ANALYSIS	1.00	₹180.00	₹0.00	₹180.00
4	DENGUE IG M ELFA	1.00	₹960.00	₹0.00	₹960.00
5	CBC	1.00	₹650.00	₹0.00	₹650.00

Total Amount	:	**₹3,730.00**
Discount Amount	:	**₹3,730.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

DINESH
Authorised Signature