Out Patient Bill

Patient Name	: **Ms.ATHIRAI.S.A**	**Bill No**	: MMH/MH/DG202400611
Patient Id	: **MMH202474377**	**Bill Date**	: 04/03/2024 8:06:22PM
Age/Gender	: 16 Y 6 M 9 D/Female	**Visit Report Id**	: MMH202474377-V002
Phone Number	: 9994633808	**Payment Mode**	: CASH
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 04/03/2024 8:03:02PM	**Entity Name**	: CASH
Speciality	: GENERAL		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBC	1.00	₹650.00	₹0.00	₹650.00
2	DENGUE NS1 ELFA	1.00	₹1,440.00	₹0.00	₹1,440.00
3	URINE CULTURE & SENSITIVITY	1.00	₹900.00	₹0.00	₹900.00
4	DENGUE IG G ELFA	1.00	₹960.00	₹0.00	₹960.00
5	URINE ROUTINE ANALYSIS	1.00	₹180.00	₹0.00	₹180.00
6	WIDAL SLIDE	1.00	₹360.00	₹0.00	₹360.00
7	DENGUE IG M ELFA	1.00	₹960.00	₹0.00	₹960.00

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Visit Date	: 04/03/2024 8:03:02PM	**Entity Name**	: CASH
Speciality	: GENERAL		

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹5,450.00**
		Discount Amount	:		**₹1,090.00**
		Net Amount	:		**₹ 4,360.00**
		Amount Received	:		**₹ 4,360.00**

Received Amount in Words : **Four Thousand Three Hundred Sixty Only**

DINESH

Authorised Signature