Out Patient Bill

Patient Name	: **Ms.USHARANI**	**Bill No**	: MMH/MH/DG202400675
Patient Id	: **MMH202474600**	**Bill Date**	: 12/03/2024 12:46:16PM
Age/Gender	: 55 Y 9 M 3 D/Female	**Visit Report Id**	: MMH202474600-V001
Phone Number	: 7395938025	**Payment Mode**	:
Doctor Name	: Dr.ARUN KUMAR.I	**Entity Type**	: CASH
Visit Date	: 12/03/2024 12:45:40PM	**Entity Name**	: CASH
Speciality	: ORTHOPEDICIAN		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	BOTH KNEE AP/ LAT	1.00	₹1,200.00	₹0.00	₹1,200.00
2	FILM CHARGES	1.00	₹100.00	₹0.00	₹100.00

Total Amount	:	**₹1,300.00**
Discount Amount	:	**₹1,300.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C
Authorised Signature