Out Patient Bill

Patient Name	: **Ms.SADHANA DEVI M**	**Bill No**	: MMH/MH/DG202400686
Patient Id	: **MMH202474644**	**Bill Date**	: 13/03/2024 12:25:03PM
Age/Gender	: 16 Y 0 M 17 D/Female	**Visit Report Id**	: MMH202474644-V002
Phone Number	: 9940557883	**Payment Mode**	: CASH ,UPI
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 13/03/2024 12:22:55PM	**Entity Name**	: CASH
Speciality	: GENERAL		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	URINE ROUTINE ANALYSIS	1.00	₹180.00	₹0.00	₹180.00
2	CHEST PA VIEW	1.00	₹500.00	₹0.00	₹500.00
3	CBC	1.00	₹650.00	₹0.00	₹650.00
4	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
5	FILM CHARGES	1.00	₹100.00	₹0.00	₹100.00
6	MANTOUX TEST	1.00	₹180.00	₹0.00	₹180.00
7	ESR	1.00	₹200.00	₹0.00	₹200.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹2,610.00**
		Discount Amount	:		**₹655.00**
		Net Amount	:		**₹ 1,955.00**
		Amount Received	:		**₹ 1,955.00**

Received Amount in Words : **One Thousand Nine Hundred Fifty-Five Only**

KARTHIK C

Authorised Signature