Out Patient Bill

Patient Name	: **Mr.DIALYSIS RO WATER**	**Bill No**	: MMH/MH/OP202403488
Patient Id	: **MHI202378316**	**Bill Date**	: 13/03/2024 2:02:11PM
Age/Gender	: 1/Male	**Visit Report Id**	: MHI202378316-V009
Phone Number	:	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 13/03/2024 2:00:30PM	**Entity Name**	: CASH
Speciality	: GENERAL		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CULTURE & SENSITIVITY (MISC)	1.00	₹900.00	₹0.00	₹900.00
2	CULTURE & SENSITIVITY (MISC)	1.00	₹900.00	₹0.00	₹900.00

Total Amount	:	**₹1,800.00**
Discount Amount	:	**₹1,800.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C
Authorised Signature