Out Patient Bill

Patient Name	: **Mr.SUNDARARAJAN A**	**Bill No**	: MMH/MH/DG202400933
Patient Id	: **MMH202475499**	**Bill Date**	: 04/04/2024 1:21:31PM
Age/Gender	: 69 Y 6 M 20 D/Male	**Visit Report Id**	: MMH202475499-V002
Phone Number	: 9444048142	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 04/04/2024 1:20:27PM	**Entity Name**	: CASH
Speciality	: DIABETOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	MICROALBUMINURIA - SPOT	1.00	₹780.00	₹0.00	₹780.00
2	GLUCOSE (RANDOM)	1.00	₹150.00	₹0.00	₹150.00
3	HBA1C	1.00	₹750.00	₹0.00	₹750.00
4	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00

Total Amount	:	**₹3,080.00**
Discount Amount	:	**₹3,080.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C

Authorised Signature