Out Patient Bill

Patient Name	: **Ms.DHANALAKSHMI**	**Bill No**	: MMH/MH/DG202400984
Patient Id	: **MH56347**	**Bill Date**	: 08/04/2024 2:13:34PM
Age/Gender	: 45/Female	**Visit Report Id**	: MH56347-V001
Phone Number	: 9176703231	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 08/04/2024 2:11:32PM	**Entity Name**	: CASH
Speciality	: GENERAL		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	SEROLOGY (HIV/HBSAG/ANTI HCV)-ELISA	1.00	₹3,360.00	₹0.00	₹3,360.00

Total Amount	:	**₹3,360.00**
Discount Amount	:	**₹3,360.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C
Authorised Signature