Out Patient Bill

Patient Name	: **Mrs.SHANMUGAPRIYA**	**Bill No**	: MMH/MM/OPM202401875
Patient Id	: **MHM60383**	**Bill Date**	: 18/03/2024 12:29:59PM
Age/Gender	: 37 Y 10 M 11 D/Female	**Visit Report Id**	: MHM60383-V001
Phone Number	: 9710672922	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 18/03/2024 12:20:05PM	**Entity Name**	: CASH
Speciality	: GENERAL		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBC	1.00	₹420.00	₹0.00	₹420.00
2	HBA1C	1.00	₹420.00	₹0.00	₹420.00
3	RENAL FUNCTION TEST	1.00	₹1,080.00	₹0.00	₹1,080.00
4	LIPID PROFILE	1.00	₹495.00	₹0.00	₹495.00
5	T.I.B.C.	1.00	₹360.00	₹0.00	₹360.00
6	IRON	1.00	₹360.00	₹0.00	₹360.00
7	FERRITIN	1.00	₹840.00	₹0.00	₹840.00
8	T3 (FREE)	1.00	₹360.00	₹0.00	₹360.00
9	T4 (FREE)	1.00	₹315.00	₹0.00	₹315.00
10	VITAMIN D3	1.00	₹560.00	₹0.00	₹560.00
11	TSH 3RD GENERATION (HS TSH)	1.00	₹336.00	₹0.00	₹336.00

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Visit Date	: 18/03/2024 12:20:05PM	**Entity Name**	: CASH
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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹5,546.00**
		Discount Amount	:		**₹5,546.00**
		Net Amount	:		**₹ 0.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

VINOTH KUMAR
Authorised Signature