Out Patient Bill

Patient Name	: **Mr.DHIVAKARAN.C**	**Bill No**	: MMH/HM/OPH202400734
Patient Id	: **MHI202481766**	**Bill Date**	: 12/01/2024 8:31:36AM
Age/Gender	: 49 Y 6 M 30 D/Male	**Visit Report Id**	: MHI202481766-V001
Phone Number	: 9444434007	**Payment Mode**	: UPI
Doctor Name	: Dr.ANBARASU MOHANRAJ	**Entity Type**	: CASH
Visit Date	: 12/01/2024 8:27:45AM	**Entity Name**	: CASH
Speciality	: CARDIO VASCULAR & THOR/		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	UREA	1.00	₹200.00	₹0.00	₹200.00
2	ECHO SCREENING	1.00	₹550.00	₹0.00	₹550.00
3	Chest X-Ray	1.00	₹400.00	₹0.00	₹400.00
4	POTASSIUM (k +)	1.00	₹330.00	₹0.00	₹330.00
5	HAEMOGLOBIN	1.00	₹200.00	₹0.00	₹200.00
6	SODIUM (NA +)	1.00	₹250.00	₹0.00	₹250.00
7	FILM CHARGES	1.00	₹100.00	₹0.00	₹100.00
8	LIPID PROFILE	1.00	₹750.00	₹0.00	₹750.00
9	CREATININE	1.00	₹200.00	₹0.00	₹200.00
10	ECG - OP	1.00	₹250.00	₹0.00	₹250.00

Patient Name	: **Mr.DHIVAKARAN.C**	**Bill No**	: MMH/HM/OPH202400734
Patient Id	: **MHI202481766**	**Bill Date**	: 12/01/2024 8:31:36AM
Age/Gender	: 49 Y 6 M 30 D/Male	**Visit Report Id**	: MHI202481766-V001
Phone Number	: 9444434007	**Payment Mode**	: UPI
Doctor Name	: Dr.ANBARASU MOHANRAJ	**Entity Type**	: CASH
Visit Date	: 12/01/2024 8:27:45AM	**Entity Name**	: CASH
Speciality	: CARDIO VASCULAR & THOR/		

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹3,230.00**
		Discount Amount	:		**₹1,615.00**
		Net Amount	:		**₹ 1,615.00**
		Amount Received	:		**₹ 1,615.00**

Received Amount in Words : **One Thousand Six Hundred Fifteen Only**

SRIVIDYA
Authorised Signature