Out Patient Bill

Patient Name	: **Mr.DHIVAKARAN.C**	**Bill No**	: MMH/HM/OPH202400754
Patient Id	: **MHI202481766**	**Bill Date**	: 12/01/2024 9:55:03AM
Age/Gender	: 49 Y 7 M 0 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	TREADMILL TEST	1.00	₹1,600.00	₹0.00	₹1,600.00

Total Amount	:	**₹1,600.00**
Discount Amount	:	**₹800.00**
Net Amount	:	**₹ 800.00**
Amount Received	:	**₹ 800.00**

Received Amount in Words : **Eight Hundred Only**

SRIVIDYA
Authorised Signature