Out Patient Bill

Patient Name	: **Mrs.ROJAMMAL**	**Bill No**	: MMH/HM/OPH202403745
Patient Id	: **MHI202482130**	**Bill Date**	: 02/03/2024 11:19:55AM
Age/Gender	: 51 Y 4 M 27 D/Female	**Visit Report Id**	: MHI202482130-V003
Phone Number	: 8056468730	**Payment Mode**	: UPI
Doctor Name	: Dr.K.JAISHANKAR	**Entity Type**	: CASH
Visit Date	: 02/03/2024 11:06:55AM	**Entity Name**	: CASH
Speciality	: CARDIOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CONSULTATION	1.00	₹800.00	₹0.00	₹800.00
2	TREAD MILL TEST (TMT)	1.00	₹1,600.00	₹0.00	₹1,600.00

Total Amount	:	**₹2,400.00**
Discount Amount	:	**₹600.00**
Net Amount	:	**₹ 1,800.00**
Amount Received	:	**₹ 1,800.00**

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

PRATHIBA K I
Authorised Signature