

Out Patient Bill

Patient Name	: Mrs.ROJAMMAL	Bill No	: MMH/HM/OPH202403751
Patient Id	: MHI202482130	Bill Date	: 02/03/2024 11:36:59AM
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 : One Thousand Eight Hundred Only
in Words

AKASH
Authorised Signature