Out Patient Bill

Patient Name	: **Mrs.JAYAPRADHA E**	**Bill No**	: MMH/HM/OPH202405325
Patient Id	: **MHI202483108**	**Bill Date**	: 27/03/2024 11:33:10AM
Age/Gender	: 55 Y 8 M 17 D/Female	**Visit Report Id**	: MHI202483108-V001
Phone Number	: 9381027300	**Payment Mode**	: UPI
Doctor Name	: Dr.G. GNANAVELU	**Entity Type**	: CASH
Visit Date	: 27/03/2024 11:06:18AM	**Entity Name**	: CASH
Speciality	: CARDIOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ECG - OP	1.00	₹300.00	₹0.00	₹300.00
2	FILM CHARGES	1.00	₹100.00	₹0.00	₹100.00
3	REGISTRATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
4	CONSULTATION	1.00	₹800.00	₹0.00	₹800.00
5	CHEST X-RAY	1.00	₹400.00	₹0.00	₹400.00
6	USG ABDOMEN (OP)	1.00	₹1,500.00	₹0.00	₹1,500.00
7	ECHO SCREENING	1.00	₹1,000.00	₹0.00	₹1,000.00

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Visit Date	: 27/03/2024 11:06:18AM	**Entity Name**	: CASH
Speciality	: CARDIOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹4,200.00**
		Discount Amount	:		**₹1,050.00**
		Net Amount	:		**₹ 3,150.00**
		Amount Received	:		**₹ 3,150.00**

Received Amount in Words : **Three Thousand One Hundred Fifty Only**

BETTY SHALINI P

Authorised Signature