Out Patient Bill

Patient Name	: **Mr.RAJAMANICKAM**	**Bill No**	: MMH/HM/ERH202400194
Patient Id	: **MH49056**	**Bill Date**	: 28/03/2024 12:50:13PM
Age/Gender	: 83 Y 5 M 4 D/Male	**Visit Report Id**	: MH49056-V003
Phone Number	: 9840361668	**Payment Mode**	: CASH
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 28/03/2024 12:45:08PM	**Entity Name**	: CASH
Speciality	: DIABETOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	HBA1C	1.00	₹750.00	₹0.00	₹750.00
2	CBC	1.00	₹650.00	₹0.00	₹650.00
3	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹132.00	₹0.00	₹132.00
4	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00

Total Amount	:	**₹2,932.00**
Discount Amount	:	**₹733.00**
Net Amount	:	**₹ 2,199.00**
Amount Received	:	**₹ 2,199.00**

Received Amount in Words : **Two Thousand One Hundred Ninety-Nine Only**

CHEQUVERA .XL

Authorised Signature