Out Patient Bill

Patient Name	: **Ms.DIVYA E**	**Bill No**	: MMH/HM/OPH202405842
Patient Id	: **MH16293**	**Bill Date**	: 05/04/2024 2:11:23PM
Age/Gender	: 32/Female	**Visit Report Id**	: MH16293-V001
Phone Number	: 9789916262	**Payment Mode**	:
Doctor Name	: Dr.K.JAISHANKAR	**Entity Type**	: CASH
Visit Date	: 05/04/2024 1:44:39PM	**Entity Name**	: CASH
Speciality	: CARDIOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	TREAD MILL TEST (TMT)	1.00	₹1,900.00	₹0.00	₹1,900.00

Total Amount	:	**₹1,900.00**
Discount Amount	:	**₹1,900.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

BETTY SHALINI P
Authorised Signature