

**Out Patient Bill**

<b>Patient Name</b>	: Ms.POONGOTHAI S	<b>Bill No</b>	: MMH/HM/OPH202405848
<b>Patient Id</b>	: MH48370	<b>Bill Date</b>	: 05/04/2024 2:50:43PM
<b>Age/Gender</b>	: 56/Female	<b>Visit Report Id</b>	: MH48370-V001
<b>Phone Number</b>	: 9789916262	<b>Payment Mode</b>	: UPI
<b>Doctor Name</b>	: Dr.K.JAISHANKAR	<b>Entity Type</b>	: CASH
<b>Visit Date</b>	: 05/04/2024 1:35:54PM	<b>Entity Name</b>	: CASH
<b>Speciality</b>	: CARDIOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	TREAD MILL TEST (TMT)	1.00	₹1,900.00	₹0.00	₹1,900.00
		<b>Total Amount</b>	:		<b>₹1,900.00</b>
		<b>Discount Amount</b>	:		<b>₹475.00</b>
		<b>Net Amount</b>	:		<b>₹ 1,425.00</b>
		<b>Amount Received</b>	:		<b>₹ 1,425.00</b>

**Received Amount : One Thousand Four Hundred Twenty-Five Only**  
**in Words**

BETTY SHALINI P  
**Authorised Signature**