Out Patient Bill

Patient Name	:	**Mrs.NAGALAKSHMI B**	**Bill No**	:	MMH/MH/OP202406894
Patient Id	:	**MMH202477879**	**Bill Date**	:	11/06/2024 3:03:59PM
Age/Gender	:	56 Y 0 M 1 D/Female	**Visit Report Id**	:	MMH202477879-V001
Phone Number	:	7373734952	**Payment Mode**	:	CASH
Doctor Name	:	Dr.MEDWAY HOSPITAL	**Entity Type**	:	CASH
Visit Date	:	6/11/2024 10:05:41AM	**Entity Name**	:	CASH
Speciality	:	GENERAL MEDICINE			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	URINE ROUTINE ANALYSIS	1.00	₹180.00	₹0.00	₹180.00
2	CBC	1.00	₹650.00	₹0.00	₹650.00
3	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00
4	USG ABDOMEN SCAN	1.00	₹1,500.00	₹0.00	₹1,500.00
5	MICROALBUMINURIA - SPOT	1.00	₹780.00	₹0.00	₹780.00

Total Amount	:	**₹4,510.00**
Discount Amount	:	**₹1,130.00**
Net Amount	:	**₹ 3,380.00**
Amount Received	:	**₹ 3,380.00**

Received Amount in Words : **Three Thousand Three Hundred Eighty Only**

SATHISH KUMAR.S
Authorised Signature