

Out Patient Bill

Patient Name	: Mr.NAGAPPAN	Bill No	: MMH/MH/DG202402153
Patient Id	: MHI202372081	Bill Date	: 14/06/2024 12:39:44PM
Age/Gender	: 67/Male	Visit Report Id	: MHI202372081-V002
Phone Number	: 7299067807	Payment Mode	:
Doctor Name	: Dr.MEDWAY HOSPITAL	Entity Type	: CASH
Visit Date	: 6/14/2024 12:27:37PM	Entity Name	: CASH
Speciality	: GENERAL MEDICINE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ESR	1.00	₹200.00	₹0.00	₹200.00
2	RHEUMATOID FACTOR	1.00	₹720.00	₹0.00	₹720.00
3	GLUCOSE (PP 2 HOURS)	1.00	₹150.00	₹0.00	₹150.00
4	IRON PROFILE	1.00	₹3,200.00	₹0.00	₹3,200.00
5	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00
6	25-OH VITAMIN D3	1.00	₹1,800.00	₹0.00	₹1,800.00
7	GLUCOSE (FASTING)	1.00	₹150.00	₹0.00	₹150.00
8	VITAMIN B 12	1.00	₹1,200.00	₹0.00	₹1,200.00
9	LIPID PROFILE	1.00	₹750.00	₹0.00	₹750.00
10	THYROID PROFILE (TOTAL)	1.00	₹900.00	₹0.00	₹900.00
11	HBA1C	1.00	₹750.00	₹0.00	₹750.00
12	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹600.00	₹0.00	₹600.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
13	URINE ROUTINE ANALYSIS	1.00	₹180.00	₹0.00	₹180.00
14	PSA-TOTAL PROSTATE SPECIFIC ANTIGEN	1.00	₹900.00	₹0.00	₹900.00
15	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
16	MICROALBUMINURIA - SPOT	1.00	₹780.00	₹0.00	₹780.00
17	CBC	1.00	₹650.00	₹0.00	₹650.00
		Total Amount	:		₹15,130.00
		Discount Amount	:		₹15,130.00
		Net Amount	:		₹ 0.00
		Amount Received	:		₹ 0.00

Received Amount : Zero Only
in Words

KARTHICK.S
Authorised Signature