Out Patient Bill

Patient Name	:	**Ms.UMAYAL**	**Bill No**	:	MMH/MH/DG202402155
Patient Id	:	**MH58502**	**Bill Date**	:	14/06/2024 1:01:37PM
Age/Gender	:	64/Female	**Visit Report Id**	:	MH58502-V004
Phone Number	:	9884657499	**Payment Mode**	:	
Doctor Name	:	Dr.BALAMURUGAN.S	**Entity Type**	:	CASH
Visit Date	:	6/14/2024 12:44:07PM	**Entity Name**	:	CASH
Speciality	:	NEURO SURGEON			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBC	1.00	₹650.00	₹0.00	₹650.00
2	ESR	1.00	₹200.00	₹0.00	₹200.00
3	THYROID PROFILE (TOTAL)	1.00	₹900.00	₹0.00	₹900.00
4	RHEUMATOID FACTOR	1.00	₹720.00	₹0.00	₹720.00
5	GLUCOSE (FASTING)	1.00	₹150.00	₹0.00	₹150.00
6	VITAMIN B 12	1.00	₹1,200.00	₹0.00	₹1,200.00
7	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00
8	MICROALBUMINURIA - SPOT	1.00	₹780.00	₹0.00	₹780.00
9	GLUCOSE (PP 2 HOURS)	1.00	₹150.00	₹0.00	₹150.00
10	IRON PROFILE	1.00	₹3,200.00	₹0.00	₹3,200.00
11	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
12	URINE ROUTINE ANALYSIS	1.00	₹180.00	₹0.00	₹180.00

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Visit Date	: 6/14/2024 12:44:07PM	**Entity Name**	: CASH
Speciality	: NEURO SURGEON		

S.No	Description	Qty	Unit Rate	Discount	Amount
13	LIPID PROFILE	1.00	₹750.00	₹0.00	₹750.00
14	25-OH VITAMIN D3	1.00	₹1,800.00	₹0.00	₹1,800.00
15	HBA1C	1.00	₹750.00	₹0.00	₹750.00
16	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹600.00	₹0.00	₹600.00

Total Amount	:	**₹14,230.00**
Discount Amount	:	**₹14,230.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHICK.S
Authorised Signature