Out Patient Bill

Patient Name	:	**Mrs.RANI S**	**Bill No**	:	MMH/MH/BDC202400216
Patient Id	:	**MMH202478353**	**Bill Date**	:	21/06/2024 5:52:43PM
Age/Gender	:	64 Y 4 M 5 D/Female	**Visit Report Id**	:	MMH202478353-V002
Phone Number	:	9791603365	**Payment Mode**	:	
Doctor Name	:	Dr.MANIKANDA PRABHU	**Entity Type**	:	CASH
Visit Date	:	6/21/2024 5:51:17PM	**Entity Name**	:	CASH
Speciality	:	VASCULAR SURGEON			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	OT CHARGES	1.00	₹4,000.00	₹0.00	₹4,000.00

Total Amount	:	**₹4,000.00**
Discount Amount	:	**₹4,000.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

SATHISH KUMAR.S
Authorised Signature