

**Out Patient Bill**

<b>Patient Name</b>	: Ms.SNEHA	<b>Bill No</b>	: MMH/MH/ER202403068
<b>Patient Id</b>	: MHI202375450	<b>Bill Date</b>	: 13/07/2024 8:55:35PM
<b>Age/Gender</b>	: 25/Female	<b>Visit Report Id</b>	: MHI202375450-V001
<b>Phone Number</b>	: 6384219431	<b>Payment Mode</b>	:
<b>Doctor Name</b>	: Dr.MEDWAY HOSPITAL	<b>Entity Type</b>	: CASH
<b>Visit Date</b>	: 7/13/2024 8:50:31PM	<b>Entity Name</b>	: CASH
<b>Speciality</b>	: GENERAL MEDICINE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBC	1.00	₹650.00	₹0.00	₹650.00
Total Amount :					₹650.00
Discount Amount :					₹650.00
Net Amount :					₹ 0.00
Amount Received :					₹ 0.00

**Received Amount** : Zero Only  
**in Words**

KARTHICK.S  
**Authorised Signature**