Out Patient Bill

Patient Name	:	**Mrs.USHARANI**	**Bill No**	:	MMH/MH/DG202402911
Patient Id	:	**MMH202474600**	**Bill Date**	:	18/07/2024 11:10:09AM
Age/Gender	:	56 Y 1 M 9 D/Female	**Visit Report Id**	:	MMH202474600-V002
Phone Number	:	7395938025	**Payment Mode**	:	
Doctor Name	:	Dr.ARUN KUMAR.I	**Entity Type**	:	CASH
Visit Date	:	7/18/2024 10:53:27AM	**Entity Name**	:	CASH
Speciality	:	ORTHOPEDICIAN			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	X-RAY SCREENING	1.00	₹300.00	₹0.00	₹300.00

Total Amount	:	**₹300.00**
Discount Amount	:	**₹300.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

SATHISH KUMAR.S
Authorised Signature