Out Patient Bill

Patient Name	:	**Ms.GAYATHRI .S**	**Bill No**	:	MMH/MH/DG202402932
Patient Id	:	**MH20959**	**Bill Date**	:	18/07/2024 1:35:08PM
Age/Gender	:	45/Female	**Visit Report Id**	:	MH20959-V003
Phone Number	:	9381036984	**Payment Mode**	:	UPI
Doctor Name	:	Dr.T.PALANIAPPAN	**Entity Type**	:	CASH
Visit Date	:	7/18/2024 1:31:12PM	**Entity Name**	:	CASH
Speciality	:	GENERAL PHYSICIAN & DIABI			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00
2	HBA1C	1.00	₹750.00	₹0.00	₹750.00
3	ECHO-OP	1.00	₹1,750.00	₹0.00	₹1,750.00
4	GLUCOSE (RANDOM)	1.00	₹150.00	₹0.00	₹150.00
5	THYROID PROFILE (TOTAL)	1.00	₹900.00	₹0.00	₹900.00
6	25-OH VITAMIN D3	1.00	₹1,800.00	₹0.00	₹1,800.00

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Phone Number	: 9381036984	**Payment Mode**	: UPI
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 7/18/2024 1:31:12PM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIABI		

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹6,750.00**
		Discount Amount	:		**₹1,687.00**
		Net Amount	:		**₹ 5,063.00**
		Amount Received	:		**₹ 5,063.00**

Received Amount in Words : **Five Thousand Sixty-Three Only**

SUDHA.M
Authorised Signature