Out Patient Bill

Patient Name	:	**Mr.GOWTHAMAN**	**Bill No**	:	MMH/MH/DG202403120
Patient Id	:	**MH34799**	**Bill Date**	:	25/07/2024 1:30:34PM
Age/Gender	:	55 Y 2 M 0 D/Male	**Visit Report Id**	:	MH34799-V006
Phone Number	:	8754469797	**Payment Mode**	:	UPI
Doctor Name	:	Dr.T.PALANIAPPAN	**Entity Type**	:	CASH
Visit Date	:	7/25/2024 1:23:05PM	**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

Total Amount	:	**₹1,400.00**
Discount Amount	:	**₹350.00**
Net Amount	:	**₹ 1,050.00**
Amount Received	:	**₹ 1,050.00**

Received Amount in Words : **One Thousand Fifty Only**

SUDHA.M
Authorised Signature