Out Patient Bill

Patient Name	:	**Ms.AKILA R**	**Bill No**	:	MMH/MH/OP202408446
Patient Id	:	**MH39998**	**Bill Date**	:	29/07/2024 5:29:54PM
Age/Gender	:	43/Female	**Visit Report Id**	:	MH39998-V003
Phone Number	:	9840149694	**Payment Mode**	:	
Doctor Name	:	Dr.T.PALANIAPPAN	**Entity Type**	:	CASH
Visit Date	:	7/29/2024 5:24:14PM	**Entity Name**	:	CASH
Speciality	:	GENERAL PHYSICIAN & DIABI			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	USG ABDOMEN SCREENING	1.00	₹250.00	₹0.00	₹250.00
2	CT SCREENING (CHEST)-OP	1.00	₹2,500.00	₹0.00	₹2,500.00

Total Amount	:	**₹2,750.00**
Discount Amount	:	**₹2,750.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

SUDHA.M
Authorised Signature