Out Patient Bill

Patient Name	:	**Mr.JANAKIRAMAN S**	**Bill No**	:	MMH/MH/OP202408895
Patient Id	:	**MHM202406292**	**Bill Date**	:	14/08/2024 3:25:40PM
Age/Gender	:	26 Y 0 M 2 D/Male	**Visit Report Id**	:	MHM202406292-V002
Phone Number	:	6383755164	**Payment Mode**	:	
Doctor Name	:	Dr.MEDWAY HOSPITAL	**Entity Type**	:	CASH
Visit Date	:	8/14/2024 3:17:40PM	**Entity Name**	:	CASH
Speciality	:	GENERAL MEDICINE			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CT SCREENING - SINGLE PART	4.00	₹2,000.00	₹0.00	₹8,000.00

Total Amount	:	**₹8,000.00**
Discount Amount	:	**₹8,000.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHICK
Authorised Signature