Out Patient Bill

Patient Name	:	**Mr.VADUGANATHAN V.E**	**Bill No**	:	MMH/MH/DG202403784
Patient Id	:	**MMH202475701**	**Bill Date**	:	22/08/2024 6:41:49PM
Age/Gender	:	73 Y 6 M 27 D/Male	**Visit Report Id**	:	MMH202475701-V005
Phone Number	:	9003077377	**Payment Mode**	:	UPI
Doctor Name	:	Dr.T.PALANIAPPAN	**Entity Type**	:	CASH
Visit Date	:	8/22/2024 1:18:05PM	**Entity Name**	:	CASH
Speciality	:	GENERAL PHYSICIAN & DIABI			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	HRCT OF CHEST - IP	1.00	₹6,000.00	₹0.00	₹6,000.00

Total Amount	:	**₹6,000.00**
Discount Amount	:	**₹1,500.00**
Net Amount	:	**₹ 4,500.00**
Amount Received	:	**₹ 4,500.00**

Received Amount in Words : **Four Thousand Five Hundred Only**

KARTHICK
Authorised Signature