# Out Patient Bill

| | | | | | |
|---|---|---|---|---|---|
| **Patient Name** | : | **Mr.RAJAMANICKAM** | **Bill No** | : | MMH/MH/DG202404067 |
| **Patient Id** | : | **MMH202481056** | **Bill Date** | : | 02/09/2024 2:18:50PM |
| **Age/Gender** | : | 19 Y 5 M 30 D/Male | **Visit Report Id** | : | MMH202481056-V001 |
| **Phone Number** | : | 9840359690 | **Payment Mode** | : | CARD |
| **Doctor Name** | : | Dr.T.PALANIAPPAN | **Entity Type** | : | CASH |
| **Visit Date** | : | 9/2/2024 2:14:01PM | **Entity Name** | : | CASH |
| **Speciality** | : | GENERAL PHYSICIAN & DIABI | | | |

| S.No | Description | Qty | Unit Rate | Discount | Amount |
|---|---|---|---|---|---|
| 1 | THYROID PROFILE (TOTAL) | 1.00 | ₹900.00 | ₹0.00 | ₹900.00 |
| 2 | MANTOUX TEST | 1.00 | ₹180.00 | ₹0.00 | ₹180.00 |
| 3 | CBC | 1.00 | ₹650.00 | ₹0.00 | ₹650.00 |
| 4 | ESR | 1.00 | ₹200.00 | ₹0.00 | ₹200.00 |
| 5 | CT SCREENING (CHEST)-OP | 1.00 | ₹2,500.00 | ₹0.00 | ₹2,500.00 |
| 6 | REGISTRATION CHARGES | 1.00 | ₹100.00 | ₹0.00 | ₹100.00 |
| 7 | LIVER FUNCTION TEST | 1.00 | ₹800.00 | ₹0.00 | ₹800.00 |
| 8 | CT PNS - OP | 1.00 | ₹3,000.00 | ₹0.00 | ₹3,000.00 |
| 9 | RENAL FUNCTION TEST | 1.00 | ₹1,400.00 | ₹0.00 | ₹1,400.00 |
| 10 | C.R.P. ( C-REACTIVE PROTEIN ) | 1.00 | ₹600.00 | ₹0.00 | ₹600.00 |

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| **Phone Number** | : 9840359690 | | **Payment Mode** | : | CARD |
| **Doctor Name** | : Dr.T.PALANIAPPAN | | **Entity Type** | : | CASH |
| **Visit Date** | : 9/2/2024 2:14:01PM | | **Entity Name** | : | CASH |
| **Speciality** | : GENERAL PHYSICIAN & DIABI | | | | |

| S.No | Description | Qty | Unit Rate | Discount | Amount |
|---|---|---|---|---|---|
| | | **Total Amount** | : | | **₹10,330.00** |
| | | **Discount Amount** | : | | **₹2,582.00** |
| | | **Net Amount** | : | | **₹ 7,748.00** |
| | | **Amount Received** | : | | **₹ 7,748.00** |

**Received Amount in Words** : **Seven Thousand Seven Hundred Forty-Eight Only**

KARTHICK
**Authorised Signature**