

Out Patient Bill

Patient Name	: Dr.PALANIAPPAN T	Bill No	: MMH/MH/DG202404489
Patient Id	: MHI202371118	Bill Date	: 17/09/2024 1:27:27PM
Age/Gender	: 53 Y 0 M 0 D/Male	Visit Report Id	: MHI202371118-V005
Phone Number	: 9841026161	Payment Mode	:
Doctor Name	: Dr.T.PALANIAPPAN	Entity Type	: CASH
Visit Date	: 9/17/2024 1:05:57PM	Entity Name	: CASH
Speciality	: GENERAL PHYSICIAN & DIABI		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	LIPID PROFILE	1.00	₹750.00	₹0.00	₹750.00
2	ESR	1.00	₹200.00	₹0.00	₹200.00
3	CA 19 - 9(GI TRACT & PANCREAS)	1.00	₹1,680.00	₹0.00	₹1,680.00
4	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00
5	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹600.00	₹0.00	₹600.00
6	THYROID PROFILE (TOTAL)	1.00	₹900.00	₹0.00	₹900.00
7	CBC	1.00	₹650.00	₹0.00	₹650.00
8	VITAMIN B 12	1.00	₹1,200.00	₹0.00	₹1,200.00
9	SEROLOGY(HIV/HBSAG/HCV)ELISA	1.00	₹3,360.00	₹0.00	₹3,360.00
10	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
11	25-OH VITAMIN D3	1.00	₹1,800.00	₹0.00	₹1,800.00
12	CEA	1.00	₹960.00	₹0.00	₹960.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		₹14,300.00
		Discount Amount	:		₹14,300.00
		Net Amount	:		₹ 0.00
		Amount Received	:		₹ 0.00

Received Amount : Zero Only
in Words

SUDHA
Authorised Signature