

Out Patient Bill

Patient Name

Patient Id

Age/Gender

Phone Number

Doctor Name

Visit Date

Speciality

: Ms.SNEHA

: MHI202375450

: 25/Female

: 6384219431

: Dr.MEDWAY HOSPITAL

: 9/18/2024 1:32:58PM

: GENERAL MEDICINE

Bill No

Bill Date

Visit Report Id

Payment Mode

Entity Type

Entity Name

: MMH/MH/DG202404518

: 18/09/2024 2:22:04PM

: MHI202375450-V002

:

: CASH

: CASH

| S.No              | Description            | Qty  | Unit Rate | Discount | Amount    |
|-------------------|------------------------|------|-----------|----------|-----------|
| 1                 | CT SCREENING - ABDOMEN | 1.00 | ₹3,500.00 | ₹0.00    | ₹3,500.00 |
| Total Amount :    |                        |      |           |          | ₹3,500.00 |
| Discount Amount : |                        |      |           |          | ₹3,500.00 |
| Net Amount :      |                        |      |           |          | ₹ 0.00    |
| Amount Received : |                        |      |           |          | ₹ 0.00    |

Received Amount

: Zero Only

in Words

SUDHA

Authorised Signature