

Out Patient Bill

Patient Name : Ms.SNEHA
Patient Id : MHI202375450
Age/Gender : 25/Female
Phone Number : 6384219431
Doctor Name : Dr.MEDWAY HOSPITAL
Visit Date : 9/18/2024 1:32:58PM
Specialty : GENERAL MEDICINE

Bill No : MMH/MH/DG202404518
Bill Date : 18/09/2024 2:22:04PM
Visit Report Id : MHI202375450-V002
Payment Mode :
Entity Type : CASH
Entity Name : 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