

Out Patient Bill

Patient Name	: Mr.DIALYSIS MACHINE	Bill No	: MMH/MH/DG202405169
Patient Id	: MMH202372309	Bill Date	: 04/10/2024 2:36:11PM
Age/Gender	: 0 Y 9 M 13 D/Male	Visit Report Id	: MMH202372309-V015
Phone Number	: 9345930819	Payment Mode	:
Doctor Name	: Dr.MEDWAY HOSPITAL	Entity Type	: CASH
Visit Date	: 10/4/2024 2:33:33PM	Entity Name	: CASH
Speciality	: GENERAL MEDICINE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ELECTROLYTES	3.00	₹750.00	₹0.00	₹2,250.00
2	CULTURE & SENSITIVITY	2.00	₹840.00	₹0.00	₹1,680.00
		Total Amount	:		₹3,930.00
		Discount Amount	:		₹3,930.00
		Net Amount	:		₹ 0.00
		Amount Received	:		₹ 0.00

Received Amount : Zero Only
in Words

SUDHA
Authorised Signature