Out Patient Bill

Patient Name	: **Dr.KARTHICK ANNAMALAI**	**Bill No**	: MMH/MH/DG202401182
Patient Id	: **MMH202476018**	**Bill Date**	: 22/04/2024 9:28:23AM
Age/Gender	: 28 Y 0 M 0 D/Male	**Visit Report Id**	: MMH202476018-V001
Phone Number	: 9841026161	**Payment Mode**	:
Doctor Name	: Dr.T.PALANIAPPAN	**Entity Type**	: CASH
Visit Date	: 22/04/2024 9:24:07AM	**Entity Name**	: CASH
Speciality	: GENERAL PHYSICIAN & DIAE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CBC	1.00	₹650.00	₹0.00	₹650.00
2	URINE ROUTINE ANALYSIS	1.00	₹180.00	₹0.00	₹180.00
3	LIPID PROFILE	1.00	₹750.00	₹0.00	₹750.00
4	SEROLOGY (HIV/HBSAG/ANTI HCV)-ELISA	1.00	₹3,360.00	₹0.00	₹3,360.00
5	VITAMIN B 12	1.00	₹1,200.00	₹0.00	₹1,200.00
6	25-OH VITAMIN D3	1.00	₹1,800.00	₹0.00	₹1,800.00
7	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
8	RENAL FUNCTION TEST	1.00	₹1,400.00	₹0.00	₹1,400.00
9	THYROID PROFILE (TOTAL)	1.00	₹900.00	₹0.00	₹900.00
10	MICROALBUMINURIA - SPOT	1.00	₹780.00	₹0.00	₹780.00

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S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹11,820.00**
		Discount Amount	:		**₹11,820.00**
		Net Amount	:		**₹ 0.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

M.S ASWIN
Authorised Signature