Out Patient Bill

Patient Name	: **Mr.SELVANATHAN K**	**Bill No**	: MMH/MH/DG202401232
Patient Id	: **MHI202376116**	**Bill Date**	: 24/04/2024 1:12:29PM
Age/Gender	: 68/Male	**Visit Report Id**	: MHI202376116-V001
Phone Number	: 9500680929	**Payment Mode**	: CASH
Doctor Name	: Dr.CM THIAGARAJAN	**Entity Type**	: CASH
Visit Date	: 24/04/2024 1:09:39PM	**Entity Name**	: CASH
Speciality	: NEPHROLOGY		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	RFT PROFILE (DR.CMT)	1.00	₹650.00	₹0.00	₹650.00
2	USG ABDOMEN (OP)	1.00	₹1,500.00	₹0.00	₹1,500.00
3	URINE SPOT PROTEIN	1.00	₹300.00	₹0.00	₹300.00

Total Amount	:	**₹2,450.00**
Discount Amount	:	**₹370.00**
Net Amount	:	**₹ 2,080.00**
Amount Received	:	**₹ 2,080.00**

Received Amount in Words : **Two Thousand Eighty Only**

KARTHIK C

Authorised Signature