Out Patient Bill

Patient Name	: **Ms.JANSI**	**Bill No**	: MMH/MH/DG202401606
Patient Id	: **MMH202476955**	**Bill Date**	: 14/05/2024 12:44:52PM
Age/Gender	: 26 Y 0 M 0 D/Female	**Visit Report Id**	: MMH202476955-V001
Phone Number	: 8754335743	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 14/05/2024 12:42:29PM	**Entity Name**	: CASH
Speciality	: GENERAL		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	SEROLOGY (HIV/HBSAG/ANTI HCV)-ELISA	1.00	₹3,360.00	₹0.00	₹3,360.00
2	ANTI HBS	1.00	₹1,920.00	₹0.00	₹1,920.00

Total Amount	:	**₹5,280.00**
Discount Amount	:	**₹5,280.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KARTHIK C
Authorised Signature