Out Patient Bill

Patient Name	: **Mr.ENDOSCOPY ROOM**	**Bill No**	: MMH/MH/DG202401720
Patient Id	: **MMH202477182**	**Bill Date**	: 22/05/2024 1:35:53PM
Age/Gender	: 35 Y 0 M 0 D/Male	**Visit Report Id**	: MMH202477182-V001
Phone Number	: 9962985985	**Payment Mode**	:
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 22/05/2024 1:26:15PM	**Entity Name**	: CASH
Speciality	: GENERAL MEDICINE		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	SWAB CULTURE	8.00	₹840.00	₹0.00	₹6,720.00

Total Amount	:	**₹6,720.00**
Discount Amount	:	**₹6,720.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

DESIKA
Authorised Signature