Out Patient Bill

Patient Name	:	**Child.JONISHA PEARL**	**Bill No**	:	MMH/CM/DG202411285
Patient Id	:	**MHC202472493**	**Bill Date**	:	29/08/2024 11:52:40AM
Age/Gender	:	4 Y 0 M 0 D/Female	**Visit Report Id**	:	MHC202472493-V001
Phone Number	:	9443689901	**Payment Mode**	:	CASH
Doctor Name	:	Dr.MEDWAY DIAGNOSTIC SERVICES	**Entity Type**	:	CASH
Visit Date	:	8/29/2024 11:50:39AM	**Entity Name**	:	CASH
Speciality	:	DOCTOR			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	LIVER FUNCTION TEST	1.00	₹800.00	₹0.00	₹800.00
2	CBC	1.00	₹420.00	₹0.00	₹420.00
3	DENGUE - NS1 (FIA)	1.00	₹1,100.00	₹0.00	₹1,100.00
4	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹600.00	₹0.00	₹600.00

Total Amount	:	**₹2,920.00**
Discount Amount	:	**₹290.00**
Net Amount	:	**₹ 2,630.00**
Amount Received	:	**₹ 2,630.00**

Received Amount in Words : **Two Thousand Six Hundred Thirty Only**

MARAN.R
Authorised Signature