Out Patient Bill

Patient Name	:	**Mrs.THIRUMATHI CHANDRA SEKARAN**	**Bill No**	:	MMH/MK/BDKU202400110
Patient Id	:	**MKB202403938**	**Bill Date**	:	10/07/2024 12:20:15AM
Age/Gender	:	80 Y 0 M 1 D/Female	**Visit Report Id**	:	MKB202403938-V004
Phone Number	:	9095118054	**Payment Mode**	:	CARD
Doctor Name	:	Dr.J.ALEX MOSES	**Entity Type**	:	CASH
Visit Date	:	7/10/2024 12:11:00AM	**Entity Name**	:	CASH
Speciality	:	ORTHOPEDICIAN			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	OT MINOR CHARGES	1.00	₹2,500.00	₹0.00	₹2,500.00
2	STERLIZATION AND DISINFECTION CHARGES	1.00	₹200.00	₹0.00	₹200.00
3	C-ARM MINIMUM	1.00	₹1,100.00	₹0.00	₹1,100.00
4	ROOM TARIFF	1.00	₹1,750.00	₹0.00	₹1,750.00
5	PROFESSIONAL FEES(Dr.J.ALEX MOSES)	1.00	₹14,000.00	₹0.00	₹14,000.00
6	MEDICAL RECORD CHARGE	1.00	₹200.00	₹0.00	₹200.00
7	DMO	1.00	₹400.00	₹0.00	₹400.00

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Visit Date	: 7/10/2024 12:11:00AM		**Entity Name**	:	CASH
Speciality	: ORTHOPEDICIAN				

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹20,150.00**
		Discount Amount	:		**₹5,000.00**
		Net Amount	:		**₹ 15,150.00**
		Amount Received	:		**₹ 15,150.00**

Received Amount in Words : **Fifteen Thousand One Hundred Fifty Only**

KRISHNAN

Authorised Signature