Out Patient Bill

Patient Name	: **Mrs.LAKSHMI.R**	**Bill No**	: MMH/MK/BDKU202400064
Patient Id	: **MKB202402422**	**Bill Date**	: 06/05/2024 3:47:16PM
Age/Gender	: 42 Y 0 M 25 D/Female	**Visit Report Id**	: MKB202402422-V003
Phone Number	: 9626419631	**Payment Mode**	: CARD
Doctor Name	: Dr.S.ANAND	**Entity Type**	: CASH
Visit Date	: 06/05/2024 3:42:52PM	**Entity Name**	: CASH
Speciality	: CONSULTANT OBSTETRICS A		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	OBSERVATION CHARGES	1.00	₹950.00	₹0.00	₹950.00
2	DMO	1.00	₹400.00	₹0.00	₹400.00
3	PROFESSIONAL FEES(Dr.S.ANAND)	1.00	₹500.00	₹0.00	₹500.00
4	BLOOD TRANSFUSION	1.00	₹250.00	₹0.00	₹250.00

Total Amount	:	**₹2,100.00**
Discount Amount	:	**₹500.00**
Net Amount	:	**₹ 1,600.00**
Amount Received	:	**₹ 1,600.00**

Received Amount in Words : **One Thousand Six Hundred Only**

KRISHNAN
Authorised Signature