Out Patient Bill

Patient Name	:	**Mr.VENKATACHALAM.S**	**Bill No**	:	MMH/HM/OPH202411326
Patient Id	:	**MHI202484786**	**Bill Date**	:	11/07/2024 12:05:35PM
Age/Gender	:	76 Y 9 M 7 D/Male	**Visit Report Id**	:	MHI202484786-V001
Phone Number	:	9791132025	**Payment Mode**	:	CARD
Doctor Name	:	Dr.MEDWAY HOSPITAL	**Entity Type**	:	CASH
Visit Date	:	7/11/2024 11:59:18AM	**Entity Name**	:	CASH
Speciality	:	CARDIO SURGEON			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ANGIOTENSIN CONVERTING ENZYME (ACE	1.00	₹1,980.00	₹0.00	₹1,980.00
2	REGISTRATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
3	CBC	1.00	₹715.00	₹0.00	₹715.00
4	25-OH VITAMIN D3	1.00	₹1,980.00	₹0.00	₹1,980.00
5	ABSOLUTE EOSINOPHIL COUNT	1.00	₹264.00	₹0.00	₹264.00
6	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹660.00	₹0.00	₹660.00
7	IGE (IMMUNOGLOBULIN E)	1.00	₹1,320.00	₹0.00	₹1,320.00
8	LIVER FUNCTION TEST	1.00	₹880.00	₹0.00	₹880.00

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Doctor Name	: Dr.MEDWAY HOSPITAL		**Entity Type**	:	CASH
Visit Date	: 7/11/2024 11:59:18AM		**Entity Name**	:	CASH
Speciality	: CARDIO SURGEON				

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹7,899.00**
		Discount Amount	:		**₹2,370.00**
		Net Amount	:		**₹ 5,529.00**
		Amount Received	:		**₹ 5,529.00**

Received Amount in Words : **Five Thousand Five Hundred Twenty-Nine Only**

BETTY SHALINI P
Authorised Signature