Out Patient Bill

Patient Name	:	**Mr.BETTY SHALINI.P**	**Bill No**	:	MMH/HM/OPH202411861
Patient Id	:	**MH56330**	**Bill Date**	:	20/07/2024 1:57:02PM
Age/Gender	:	22 Y 7 M 5 D/Male	**Visit Report Id**	:	MH56330-V004
Phone Number	:	7358750420	**Payment Mode**	:	CASH
Doctor Name	:	Dr.MEDWAY HOSPITAL	**Entity Type**	:	CASH
Visit Date	:	7/20/2024 1:56:25PM	**Entity Name**	:	CASH
Speciality	:	CARDIO SURGEON			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	HAEMOGLOBIN	1.00	₹220.00	₹0.00	₹220.00

Total Amount	:	**₹220.00**
Discount Amount	:	**₹110.00**
Net Amount	:	**₹ 110.00**
Amount Received	:	**₹ 110.00**

Received Amount in Words : **One Hundred Ten Only**

CHEQUVERA .XL
Authorised Signature