Out Patient Bill

Patient Name	:	**Mrs.VANAJAKSHI D**	**Bill No**	:	MMH/HM/OPH202412570
Patient Id	:	**MH20595**	**Bill Date**	:	03/08/2024 1:18:44PM
Age/Gender	:	72 Y 0 M 0 D/Female	**Visit Report Id**	:	MH20595-V005
Phone Number	:	9444043069	**Payment Mode**	:	CASH
Doctor Name	:	Dr.T.PALANIAPPAN	**Entity Type**	:	CASH
Visit Date	:	8/3/2024 1:13:21PM	**Entity Name**	:	CASH
Speciality	:	GENERAL PHYSICIAN & DIABI			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CREATININE	1.00	₹220.00	₹0.00	₹220.00
2	BLEEDING TIME	1.00	₹132.00	₹0.00	₹132.00
3	HAEMOGRAM	1.00	₹660.00	₹0.00	₹660.00
4	HBA1C	1.00	₹825.00	₹0.00	₹825.00
5	CLOTTING TIME	1.00	₹132.00	₹0.00	₹132.00
6	UREA	1.00	₹220.00	₹0.00	₹220.00
7	ECG - OP	1.00	₹300.00	₹0.00	₹300.00
8	FILM CHARGES	1.00	₹100.00	₹0.00	₹100.00
9	GLUCOSE (RANDOM)	1.00	₹165.00	₹0.00	₹165.00
10	URINE ROUTINE ANALYSIS	1.00	₹198.00	₹0.00	₹198.00
11	CHEST X-RAY	1.00	₹400.00	₹0.00	₹400.00

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Doctor Name	: Dr.T.PALANIAPPAN		**Entity Type**	:	CASH
Visit Date	: 8/3/2024 1:13:21PM		**Entity Name**	:	CASH
Speciality	: GENERAL PHYSICIAN & DIABI				

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹3,352.00**
		Discount Amount	:		**₹838.00**
		Net Amount	:		**₹ 2,514.00**
		Amount Received	:		**₹ 2,514.00**

Received Amount in Words : **Two Thousand Five Hundred Fourteen Only**

BETTY SHALINI P
Authorised Signature