Out Patient Bill

Patient Name	:	**Ms.MAHALAKSHMI M**	**Bill No**	:	MMH/HM/OPH202413132
Patient Id	:	**MH58805**	**Bill Date**	:	14/08/2024 12:15:56PM
Age/Gender	:	28/Female	**Visit Report Id**	:	MH58805-V001
Phone Number	:	9500486141	**Payment Mode**	:	UPI
Doctor Name	:	Dr.MEDWAY HOSPITAL	**Entity Type**	:	CASH
Visit Date	:	8/14/2024 12:05:04PM	**Entity Name**	:	CASH
Speciality	:	CARDIO SURGEON			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	URINE ROUTINE ANALYSIS	1.00	₹198.00	₹0.00	₹198.00
2	DENGUE IG G ELFA	1.00	₹1,056.00	₹0.00	₹1,056.00
3	WIDAL SLIDE	1.00	₹396.00	₹0.00	₹396.00
4	MALARAIAL PARASITE (RAPID TEST)	1.00	₹396.00	₹0.00	₹396.00
5	CBC	1.00	₹715.00	₹0.00	₹715.00
6	DENGUE IG M ELFA	1.00	₹1,056.00	₹0.00	₹1,056.00
7	DENGUE NS1 ELFA	1.00	₹1,584.00	₹0.00	₹1,584.00

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Doctor Name	: Dr.MEDWAY HOSPITAL		**Entity Type**	:	CASH
Visit Date	: 8/14/2024 12:05:04PM		**Entity Name**	:	CASH
Speciality	: CARDIO SURGEON				

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹5,401.00**
		Discount Amount	:		**₹2,700.00**
		Net Amount	:		**₹ 2,701.00**
		Amount Received	:		**₹ 2,701.00**

Received Amount in Words : **Two Thousand Seven Hundred One Only**

CHEQUVERA .XL

Authorised Signature