Out Patient Bill

Patient Name	:	**Mr.SRINIVASAN TV**	**Bill No**	:	MMH/HM/OPH202413238
Patient Id	:	**MHI202485287**	**Bill Date**	:	16/08/2024 3:09:06PM
Age/Gender	:	58 Y 2 M 14 D/Male	**Visit Report Id**	:	MHI202485287-V001
Phone Number	:	7358522122	**Payment Mode**	:	UPI
Doctor Name	:	Dr.K.JAISHANKAR	**Entity Type**	:	CASH
Visit Date	:	8/16/2024 3:06:42PM	**Entity Name**	:	CASH
Speciality	:	CARDIOLOGIST			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CONSULTATION	1.00	₹800.00	₹0.00	₹800.00

Total Amount	:	**₹800.00**
Discount Amount	:	**₹80.00**
Net Amount	:	**₹ 720.00**
Amount Received	:	**₹ 720.00**

Received Amount in Words : **Seven Hundred Twenty Only**

JOHN PAUL K
Authorised Signature