Out Patient Bill

Patient Name	:	**Mr.VIJAY.S**	**Bill No**	:	MMH/HM/ERH202400659
Patient Id	:	**MHI202379700**	**Bill Date**	:	30/08/2024 4:09:39PM
Age/Gender	:	24/Male	**Visit Report Id**	:	MHI202379700-V001
Phone Number	:	9092676855	**Payment Mode**	:	
Doctor Name	:	Dr.MEDWAY HOSPITAL	**Entity Type**	:	CASH
Visit Date	:	8/30/2024 3:52:30PM	**Entity Name**	:	CASH
Speciality	:	CARDIO SURGEON			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	DENGUE IG G ELFA	1.00	₹1,056.00	₹0.00	₹1,056.00
2	DENGUE IG M ELFA	1.00	₹1,056.00	₹0.00	₹1,056.00
3	CBC	1.00	₹715.00	₹0.00	₹715.00
4	WIDAL SLIDE	1.00	₹396.00	₹0.00	₹396.00
5	DENGUE NS1 ELFA	1.00	₹1,584.00	₹0.00	₹1,584.00
6	MP TEST BY QBC	1.00	₹396.00	₹0.00	₹396.00

Patient Name	: **Mr.VIJAY.S**		**Bill No**	:	MMH/HM/ERH202400659
Patient Id	: **MHI202379700**		**Bill Date**	:	30/08/2024 4:09:39PM
Age/Gender	: 24/Male		**Visit Report Id**	:	MHI202379700-V001
Phone Number	: 9092676855		**Payment Mode**	:	
Doctor Name	: Dr.MEDWAY HOSPITAL		**Entity Type**	:	CASH
Visit Date	: 8/30/2024 3:52:30PM		**Entity Name**	:	CASH
Speciality	: CARDIO SURGEON				

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹5,203.00**
		Discount Amount	:		**₹5,203.00**
		Net Amount	:		**₹ 0.00**
		Amount Received	:		**₹ 0.00**

Received Amount in Words : **Zero Only**

CHEQUVERA .XL

Authorised Signature