Out Patient Bill

Patient Name	:	**Mr.MANOHAR SINGH**	**Bill No**	:	MMH/HM/OPH202415929
Patient Id	:	**MHI202486251**	**Bill Date**	:	08/10/2024 11:20:41AM
Age/Gender	:	74 Y 0 M 0 D/Male	**Visit Report Id**	:	MHI202486251-V001
Phone Number	:	9380754852	**Payment Mode**	:	
Doctor Name	:	Dr.KAILASH A JAIN	**Entity Type**	:	CASH
Visit Date	:	10/8/2024 9:44:52AM	**Entity Name**	:	CASH
Speciality	:	CADIOTHORACIC SURGEON			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	25-OH VITAMIN D3	1.00	₹1,980.00	₹0.00	₹1,980.00
2	HEALTHY HEART PACKAGE	1.00	₹5,000.00	₹0.00	₹5,000.00
3	VITAMIN B 12	1.00	₹1,320.00	₹0.00	₹1,320.00
4	URINE ROUTINE ANALYSIS	1.00	₹198.00	₹0.00	₹198.00

Total Amount	:	**₹8,498.00**
Discount Amount	:	**₹8,498.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

AARTHI
Authorised Signature