Out Patient Bill (Draft)

Patient Name	:	**Ms.KEERTHI**	**Bill No**	:	
Patient Id	:	**MHI202502988**	**Bill Date**	:	30/09/2025 11:42:04AM
Age/Gender	:	32 Y 0 M 5 D/Female	**Visit Report Id**	:	MHI202502988-V002
Phone Number	:	9093242994	**Payment Mode**	:	CASH
Doctor Name	:	Dr.VAISHNAVI T.M	**Entity Type**	:	CASH
Visit Date	:	9/30/2025 11:41:58AM	**Entity Name**	:	CASH
Speciality	:	GENERAL AND LAPAROSCOPI			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ADMISSION CHARGES	1.00	₹200.00	₹0.00	₹200.00
2	VENTILATOR NIV CHARGE	1.00	₹7,000.00	₹0.00	₹7,000.00

Total Amount	:	**₹7,200.00**
Discount Amount	:	**₹500.00**
Net Amount	:	**₹ 7,200.00**
Amount Received	:	**₹ 6,700.00**

Received Amount in Words : **Six Thousand Seven Hundred Only**

Authorised Signature