Out Patient Bill (Draft)

Patient Name	:	**Mr.SARATHKUMAR D**	**Bill No**	:	
Patient Id	:	**MHI202502927**	**Bill Date**	:	30/09/2025 11:46:06AM
Age/Gender	:	34 Y 3 M 26 D/Male	**Visit Report Id**	:	MHI202502927-V003
Phone Number	:	8608855958	**Payment Mode**	:	CARD,CASH
Doctor Name	:	Dr.T.PALANIAPPAN	**Entity Type**	:	CASH
Visit Date	:	9/30/2025 11:45:47AM	**Entity Name**	:	CASH
Speciality	:	GENERAL PHYSICIAN & DIABI			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	DOCTOR CONSULTATION FEES	1.00	₹500.00	₹0.00	₹500.00

Total Amount	:	**₹500.00**
Net Amount	:	**₹ 500.00**
Amount Received	:	**₹ 500.00**

Received Amount in Words : **Five Hundred Only**

Authorised Signature