Out Patient Bill

Patient Name	: **Mrs.ABAYAMBAL.K.V**	**Bill No**	: MMH/HM/OPH202406429
Patient Id	: **MH05779**	**Bill Date**	: 15/04/2024 2:55:19PM
Age/Gender	: 91 Y 0 M 17 D/Female	**Visit Report Id**	: MH05779-V009
Phone Number	: 9381036984	**Payment Mode**	: UPI
Doctor Name	: Dr.K.JAISHANKAR	**Entity Type**	: CASH
Visit Date	: 15/04/2024 9:42:34AM	**Entity Name**	: CASH
Speciality	: CARDIOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	D - DIMER	1.00	₹1,250.00	₹0.00	₹1,250.00
2	CONSULTATION	1.00	₹800.00	₹0.00	₹800.00
3	VENOUS DOPPLER BOTH LEGS	1.00	₹6,000.00	₹0.00	₹6,000.00
4	HOLTER MONITOR	1.00	₹3,200.00	₹0.00	₹3,200.00

Total Amount	:	**₹11,250.00**
Discount Amount	:	**₹2,250.00**
Net Amount	:	**₹ 9,000.00**
Amount Received	:	**₹ 9,000.00**

Received Amount in Words : **Nine Thousand Only**

BETTY SHALINI P
Authorised Signature