Out Patient Bill

Patient Name	: **Mr.SUBRAMANIYAN N**	**Bill No**	: MMH/HM/OPH202406796
Patient Id	: **MHI202371355**	**Bill Date**	: 22/04/2024 1:28:11PM
Age/Gender	: 59/Male	**Visit Report Id**	: MHI202371355-V001
Phone Number	: 9994562554	**Payment Mode**	: UPI
Doctor Name	: Dr.K.JAISHANKAR	**Entity Type**	: CASH
Visit Date	: 22/04/2024 8:20:22AM	**Entity Name**	: CASH
Speciality	: CARDIOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	URINE PREGNANCY TEST	1.00	₹240.00	₹0.00	₹240.00
2	URINE CULTURE & SENSITIVITY	1.00	₹990.00	₹0.00	₹990.00
3	URINE ROUTINE ANALYSIS	1.00	₹180.00	₹0.00	₹180.00

Total Amount	:	**₹1,410.00**
Discount Amount	:	**₹705.00**
Net Amount	:	**₹ 705.00**
Amount Received	:	**₹ 705.00**

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

BETTY SHALINI P
Authorised Signature