Out Patient Bill

Patient Name	: **Mrs.DIVYALAKSHMI N**	**Bill No**	: MMH/HM/OPH202406797
Patient Id	: **MMH202476043**	**Bill Date**	: 22/04/2024 1:40:37PM
Age/Gender	: 25 Y 5 M 4 D/Female	**Visit Report Id**	: MMH202476043-V002
Phone Number	: 8870587870	**Payment Mode**	: UPI
Doctor Name	: Dr.MEDWAY HOSPITAL	**Entity Type**	: CASH
Visit Date	: 22/04/2024 1:39:01PM	**Entity Name**	: CASH
Speciality	: CARDIO SURGEON		

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

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