# Out Patient Bill

| | | | |
|---|---|---|---|
| **Patient Name** | : **Mr.RAJA** | **Bill No** | : MMH/HM/OPH202407178 |
| **Patient Id** | : **MHI202483639** | **Bill Date** | : 29/04/2024 1:36:12PM |
| **Age/Gender** | : 61 Y 8 M 7 D/Male | **Visit Report Id** | : MHI202483639-V001 |
| **Phone Number** | : 6380088626 | **Payment Mode** | : CARD |
| **Doctor Name** | : Dr.ANBARASU MOHANRAJ | **Entity Type** | : CASH |
| **Visit Date** | : 29/04/2024 7:51:04AM | **Entity Name** | : CASH |
| **Speciality** | : CARDIO VASCULAR & THOR/ | | |

| S.No | Description | Qty | Unit Rate | Discount | Amount |
|---|---|---|---|---|---|
| 1 | PREPARATION CHARGES | 1.00 | ₹300.00 | ₹0.00 | ₹300.00 |

| | | |
|---|---|---|
| **Total Amount** | : | **₹300.00** |
| **Net Amount** | : | **₹ 300.00** |
| **Amount Received** | : | **₹ 300.00** |

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

MANIMEGALAI
**Authorised Signature**