Out Patient Bill

Patient Name	:		**Bill No**	:	MMH/PU/OPP202402677
Patient Id	:	**MHP202400300**	**Bill Date**	:	05/10/2024 11:27:05AM
Age/Gender	:	/	**Visit Report Id**	:	MHP202400300-V003
Phone Number	:	8825560136	**Payment Mode**	:	
Doctor Name	:	Dr.SUPRAJA K	**Entity Type**	:	CASH
Visit Date	:	10/5/2024 11:26:34AM	**Entity Name**	:	CASH
Speciality	:	PULMONOLOGIST			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CULTURE & SENSITIVITY	1.00	₹840.00	₹0.00	₹840.00

Total Amount	:	**₹840.00**
Discount Amount	:	**₹840.00**
Net Amount	:	**₹ 0.00**
Amount Received	:	**₹ 0.00**

Received Amount in Words : **Zero Only**

KAAVYA K
Authorised Signature