Out Patient Bill

Patient Name	: **Mr.CHANDRASEKARAN A**	**Bill No**	: MMH/PU/OPP202401513
Patient Id	: **MHP202400795**	**Bill Date**	: 29/05/2024 4:12:47PM
Age/Gender	: 67 Y 6 M 3 D/Male	**Visit Report Id**	: MHP202400795-V001
Phone Number	: 9443375085	**Payment Mode**	: CARD
Doctor Name	: Dr.SUPRAJA K	**Entity Type**	: CASH
Visit Date	: 29/05/2024 12:47:31PM	**Entity Name**	: CASH
Speciality	: PULMONOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	PULMONARY FUNCTION TEST	1.00	₹650.00	₹0.00	₹650.00
2	FENO	1.00	₹1,500.00	₹0.00	₹1,500.00
3	REGISTRATION CHARGES	1.00	₹100.00	₹0.00	₹100.00
4	CT PNS - OP	1.00	₹3,000.00	₹0.00	₹3,000.00
5	CT CHEST - OP	1.00	₹5,500.00	₹0.00	₹5,500.00
6	CONSULTATION	1.00	₹500.00	₹0.00	₹500.00

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Doctor Name	: Dr.SUPRAJA K	**Entity Type**	: CASH
Visit Date	: 29/05/2024 12:47:31PM	**Entity Name**	: CASH
Speciality	: PULMONOLOGIST		

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹11,250.00**
		Discount Amount	:		**₹2,812.00**
		Net Amount	:		**₹ 8,438.00**
		Amount Received	:		**₹ 8,438.00**

Received Amount in Words : **Eight Thousand Four Hundred Thirty-Eight Only**

SUGANYA R

Authorised Signature