

## Out Patient Bill

**Patient Name** : Mr.Jagadhesh  
**Patient Id** : 127  
**Age/Gender** : 23 / Male  
**Phone Number** : 8610983043  
**Doctor Name** :

**Bill No** : MAC/CH/BHH00273  
**Bill Date** : 30/06/2023 12:14:10PM  
**Visit Report Id** : MAG33078-V012  
**Payment Mode** : Net Banking

S.No	Description	Unit Rate	Discount	Amount
1	ANU POSTPAID VIDEO FEE	₹1.00	₹0.00	₹1.00
2	FREE CHAT	₹0.00	₹0.00	₹0.00
<b>Total Amount</b>			:	<b>₹1.00</b>
<b>Net Amount</b>			:	<b>₹ 1.00</b>
<b>Amount Received</b>			:	<b>₹ 1.00</b>

**Received Amount** : ONE RUPEES  
in Words

**Authorised Signature**