

Cash Bill OP

Bill No : **OPCA21/72720**
Aster ID : **800127596**
Patient Name : **Mrs. Anusruthi P**
Payer : **SELF PAY**

Bill Date : **04/07/2020 10:59**
Gender/Age : **Female/24 Yr**
Contact No : **9901629675**

Presc. Doctor : **Dr. JUBAIRATH (OBSTETRICS AND**
Referred By : **Self**
Patient Address : **PAYANI HOUSE**
NUCHIYAD P O
MUNDANUR
IRITTY , Kannur, KERALA, INDIA

SN	SrCode	SAC	Service Particulars	Rate (₹)	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1	10115		CONSULTATION - FIRST VISIT - SPECIALTY	300.00	1	300.00	0.00	300.00	300.00	0.00
2	10004		REGISTRATION	50.00	1	50.00	0.00	50.00	50.00	0.00
						Total Amount				350.00
						Net Amount				350.00
						Payer Amount				0.00
						Patient Amount				350.00
						Amt Received				350.00

By Debit Card: 350.00 Syndicate Bank 0145

Received from Mrs. Anusruthi P , an amount of (INR) Three Hundred Fifty Only

(DIVYA PC)
(Signature)

Printed By: 800319

Prepared By:

DIVYA PC



An Aster
DM Healthcare
Venture

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