

Cash Bill OP

Bill No : OP19/624 Bill Date Time : 12/10/2018 12:18PM
MRD No. : 574743 Payer : Online Cash
Patient Name : Mr. Priya Sharma Payer Address : LUDHIANA PUNJAB
Gender/Age : Male/22 Yr 8 Mth 27 Days Payer GSTIN :
Contact No : 7986631880 Sponsor : Online Cash
Address : H.NO. 64, KRISHANA GALI, WARD NO. 8, MUKERIAN, Distt. HOSHIARPUR , HOSHIARPUR, PUNJAB, INDIA Presc. Doctor : Dr. Gautam Aggarwal
Lab No : 240905
Payer Exp date : 01/01/2040
Referred By : Self
Report Delivery Date & Time : 12/10/2018 12:18PM



SNo.	SAC	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
1		CONSULTATION C3 (Dr. Gautam Aggarwal)	500.00	1.00	500.00	0.00	500.00	500.00	0.00
2		Uric Acid-serum	160.00	1.00	160.00	0.00	160.00	160.00	0.00
3		Aerobic C&S Blood (Paediatric&Neonatology)	800.00	1.00	800.00	0.00	800.00	800.00	0.00
4		Aerobic C&S Urine	470.00	1.00	470.00	0.00	470.00	470.00	0.00
5		ABG (Arterial Blood Gases)	730.00	1.00	730.00	0.00	730.00	730.00	0.00
Gross Amount								2660.00	
Net Amount								2660.00	
Payer Amount								0.00	
Patient Amount								2660.00	
Amt Received (Rs.)								2660.00	

By Cash: 1000.00 By Credit Card: 1000.00 AXIS BANK xxxx-xxxx-xxxx-1234By Debit Card: 660.00 ANDHRA BANK 12345

Amount Received in words (RS) Two Thousand Six Hundred Sixty Only.

Narration :

Authorised Signatory