

BILL

Patient Name : Tester6

Date : 26-November-2021

Sex / Age : Male /

Bill No : 24

Ref Doctor : AA KUNDE

Sample Collect At :

Sr. No.	Test Name	Rate	
1	..-	1070	
2	..	160	
3	..*-bu--	110	
Authorised Signatory		Total Amount	1340.00
		Visit Charges	200.00
		Discount	100.00
		Total Bill Amount	0.00
		Amount Paid	1440.00
		Balance Amount	