

GSTIN : 36AABCA7624C1Z2

**OUT PATIENT BILL CUM RECEIPT**



UHID : [REDACTED]  
Patient Name : [REDACTED]  
Gender/Age : [REDACTED]  
Contact No : [REDACTED]  
Address : [REDACTED]  
Lab/RIS No :  
Referred By :

Bill No : [REDACTED]  
Bill Date Time : [REDACTED]  
Visit No : [REDACTED]  
Presc. Doctor : Dr. MEDICAL ONCOLOGY  
Department : ONCOLOGY/HAEMATOLOGY  
Payer : HYDERABAD CENTRAL UNIVERSITY  
(Credit)

SL.	Code	Particulars	Rate	Unit	Total	Net Amt	Pat Amt	Payer Amt
1	Z03516	MEDICAL ONCOLOGY CONSULTATION (Dr. MEDICAL ONCOLOGY)	135.00	1	135.00	135.00	135.00	0.00

Gross Amount	135.00
Net Amount	135.00
Payer Amount	0.00
Patient Amount	135.00
Amt Received (INR)	135.00

By Debit Card: 135.00 ,

**Amount Received in words ( ' ' ) One Hundred Thirty Five Only.**

Narration :

Patient/ Employee Signature

Printed By:33981

Prepared By:MASURA SHIVAKUMAR

**MASURA SHIVAKUMAR**

**Authorised Signatory**