

**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 : CHO22/8142  
 Bill Date Time : 20/04/2021 1:09PM  
 Visit No : 8139  
 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	<b>135.00</b>
Net Amount	<b>135.00</b>
Payer Amount	<b>0.00</b>
Patient Amount	<b>135.00</b>
Amt Received (INR)	<b>135.00</b>

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**

Printed Date:13/09/2024