## Abhayahasta Multispeciality Hospital

#347/247, 2nd Cross, Kaggadasapura Main Road, C.V. Raman Nagar, Bengaluru-560093 Ph.No. 080-46565200, 25349911, 25347788,

Email: abhayahastahospital@gmail.com | www.abhayahastahospitals.com

## OP BILL / RECEIPT

Bill No.

· OPB1204071

Bill Date

: 13/06/2020 2:53PM

UHID NO.

UHID80560

Patient Name

: Mrs. Sasmitha

Reg No

AL Tribully

: AMSH80560

Age/Gender

: 32 Y O M O D / F

Sponsor Consultant

: CASH

: Dr. Self

Mobile No.

9535712195

Registration Remarks

**EFT** 

S.No	Particulars	Units	Disc.%	Disc.Amt	Amount(Rs.)
1	X-RAY ARM	1	0.00	0.00	500.00
2	X-RAY SHOULDER AP/LAT	1	0.00	0.00	600.00
	A CONTRACTOR OF THE CONTRACTOR			n''' = 1	

 Bill Total:
 1100.00

 Net Amt.:
 1100.00

 Paid Amt.:
 1100.00

Amount in words :One Thousand One Hundred Rupees Only

Mode of Payment Receipt N

Receipt No ORC1207223 Card Charges [%]

0.00 [0.00]

Almount(Rs.)

1100.00

Signatory Miss. PALAGIFIX ARISHMA

Printed By: Miss. PALAGIRI KARISHMA Print Date & Time: 13/06/2020 02:53:17 PM