INVOICE

Patient Name:	Ella Elizabeth	DOB:	03/03/1997
UHID:	41428	Visit No:	202405020007
Appointment Date:	02/03/2024 19:01:21	Gender/Age:	Female/27Y/2M/1DY
Address:	132, My Street, Kingston, New York 12401.	Phone No:	8998989897

Doctor Name:	Dr. PETER M OKIN	Bill No:	120751
Guarantor:	American National Insurance Company	Bill Date:	02/05/2024 23:08:02

S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount
1	LIPID PROFILE		1.00	80.00	0.00	600.00
2	URINE SODIUM		1.00	80.00	0.00	400.00

Total	1,000.00	Discount Amount	0.00	Net Amount	1,000.00
				Paid	1,000.00
				Due	0.00

Receipt Details

Receipt: Rcpt-7562,2024-05-02 23:08:02,USD.1000.00,Cash

Authorized Signature

PETER

Printed On: 17/09/2026 04:37:13