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:	120757
Guarantor:	American National Insurance Company	Bill Date:	04/05/2024 16:11:16

S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount
1	FOOT AP / LAT		1.00	80.00	0.00	600.00
2	HAEMOGLOBIN		1.00	80.00	0.00	110.00

Total	710.00	Discount Amount	0.00	Net Amount	710.00
				Paid	710.00
				Due	0.00

Receipt Details

Receipt: Rcpt-7570,2024-05-04 16:11:16,USD.710.00,Cash

Authorized Signature

ERIC

Printed On: 17/09/2026 04:35:59