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:	120760
Guarantor:	American National Insurance Company	Bill Date:	19/05/2024 22:48:52

S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount
1	ANAEMIA PROFILE		1.00	80.00	0.00	4,500.00

Total	4,500.00	Discount Amount	0.00	Net Amount	4,500.00
				Paid	0.00
				Due	4,500.00

Receipt Details

Credit Voucher: Cr-7572,2024-05-19 22:48:52,USD.4500.00,Credit

Authorized Signature

VENKAT

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