

INVOICE

Patient Name:	Smith Jeo	DOB:	10/02/1999			
UHID:	41429	Visit No:	202405020011			
Appointment Date:	02/05/2024 19:34:42	Gender/Age:	Male/25Y/2M/24DY			
Address:	49 Featherstone Street,	Phone No:	9632587412			
Doctor Name:	Dr. PETER M OKIN		Bill No:120766			
Guarantor:	Kaleida Health		Bill Date:23/05/2024 00:01:37			
S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount
Total	0.00	Discount	0.00		Net	0.00
		Amount			Amount	
					Paid	4,500.00
					Due	0.00
Receipt Details						
Receipt: Rcpt-7594,2024-05-23 00:01:37,USD.4500.00,Cash						
Authorized Signature						
VENKAT						

Printed On: 17/09/2026 04:37:21