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:	120779
Guarantor:	Kaleida Health	Bill Date:	09/06/2024 23:24:07

S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount
1	TEST MOL		1.00	1000.00	0.00	1,000.00

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

Receipt Details

Receipt: Rcpt-7606,2024-06-09 23:24:07,USD.1000.00,Cash

Authorized Signature

PETER

Printed On: 17/09/2026 04:37:29