INVOICE

Patient Name:	Harsha Vardhan	DOB:	16/03/1996
UHID:	41430	Visit No:	202405030001
Appointment Date:	03/05/2024 06:54:34	Gender/Age:	Male/28Y/1M/18DY
Address:	No 77 , 2nd floor, S.R Nilyam,Maduravoyal	Phone No:	9875673954

Doctor Name: Dr.Venkat James	Bill No:120752
Guarantor: Blue Cross and Blue Shield Association	Bill Date:03/05/2024 07:03:09

S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount
1	Bone marrow study		1.00	80.00	0.00	550.00

Total	550.00	Discount Amount	0.00	Net Amount	550.00
				Paid	0.00
				Due	650.00

Receipt Details

Credit Voucher: Cr-7564,2024-05-03 07:03:09,USD.650.00,Credit

Authorized Signature

PETER

Printed On: 17/09/2026 04:36:19