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:120756
Guarantor: Blue Cross and Blue Shield Association	Bill Date:04/05/2024 14:32:02

S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount
1	HAEMOGLOBIN		1.00	80.00	0.00	110.00
2	Total WBC Count		1.00	80.00	0.00	110.00

Total	220.00	Discount Amount	0.00	Net Amount	220.00
				Paid	220.00
				Due	0.00

Receipt Details

Receipt: Rcpt-7569,2024-05-04 14:32:02,USD.220.00,Cash

Authorized Signature

ERIC

Printed On: 17/09/2026 04:37:20