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:120765
Guarantor: Blue Cross and Blue Shield Association	Bill Date:21/05/2024 22:40:25

S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount

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

Receipt Details

Authorized Signature

PETER

Printed On: 17/09/2026 04:36:28