

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:	120773			
Guarantor:	Blue Cross and Blue Shield Association	Bill Date:	03/06/2024 01:35:36			
S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount
1	ANAEMIA PROFILE		1.00	4500.00	0.00	4,500.00
Total	4,500.00	Discount Amount	0.00		Net Amount	4,500.00
					Paid	4,450.00
					Due	0.00
Receipt Details						
Receipt: Rcpt-7600,2024-06-03 01:35:36,USD.4450.00,Cash						
Authorized Signature						
VENKAT						

Printed On: 17/09/2026 04:36:22