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:120775
Guarantor: Blue Cross and Blue Shield Association	Bill Date:03/06/2024 01:45:50

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	4,000.00
				Due	0.00

Receipt Details

Receipt: Rcpt-7602,2024-06-03 01:45:50,USD.4000.00,Cash

Authorized Signature

VENKAT

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