

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:	120776			
Guarantor:	Blue Cross and Blue Shield Association	Bill Date:	03/06/2024 01:48:48			
S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount
1	SMEAR STUDY / PERIPHERAL SMEAR		1.00	600.00	0.00	600.00
Total	600.00	Discount	0.00		Net Amount	600.00
		Amount			Paid	500.00
					Due	0.00
Receipt Details						
Receipt: Rcpt-7603,2024-06-03 01:48:48,USD.500.00,Cash						
Authorized Signature						
VENKAT						

Printed On: 17/09/2026 04:36:21