INVOICE

Patient Name:	Harsha Vardhan	DOB:	16/03/1996
UHID:	41430	Visit No:	202405030002
Appointment Date:	03/05/2024 07:13:09	Gender/Age:	Male/28Y/1M/18DY
Address:	No 77 , 2nd floor, S.R Nilyam,Maduravoyal	Phone No:	9875673954

Doctor Name:	Dr. MICHELLE GERTZ	Bill No:	120753
Guarantor:	Bright Health	Bill Date:	03/05/2024 07:15:25

S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount
1	Anti Thrombine III		1.00	80.00	0.00	720.00

Total	720.00	Discount Amount	0.00	Net Amount	720.00
				Paid	0.00
				Due	720.00

Receipt Details

Credit Voucher: Cr-7565,2024-05-03 07:15:25,USD.720.00,Credit

Authorized Signature

PETER

Printed On: 17/09/2026 04:36:02