INVOICE

Patient Name:	Oliver Henry	DOB:	15/08/1999
UHID:	41431	Visit No:	202405030003
Appointment Date:	03/05/2024 19:17:24	Gender/Age:	Male/24Y/8M/19DY
Address:	85 Featherstone Street,	Phone No:	7894561235

Doctor Name: Dr.Venkat James	Bill No:120754
Guarantor: Blue Cross and Blue Shield Association	Bill Date:04/05/2024 02:40:30

S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount

Total	0.00	Discount Amount	0.00	Net Amount	0.00
				Paid	953.00
				Due	0.00

Receipt Details

Receipt: Rcpt-7567,2024-05-04 02:40:30,USD.953.00,Cash

Authorized Signature

VENKAT

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