INVOICE

Patient Name:	Avery M	DOB:	14/01/1998
UHID:	41434	Visit No:	202405030006
Appointment Date:	03/05/2024 08:10:47	Gender/Age:	Male/26Y/3M/20DY
Address:	2-4, MARRY STREET	Phone No:	7894561235

Doctor Name:	Dr.Eric Ferdinandwalters	Bill No:	120764
Guarantor:	UnitedHealth Group	Bill Date:	21/05/2024 22:11:25

S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount

Total	0.00	Discount Amount	0.00	Net Amount	0.00
				Paid	0.00
				Due	100.00

Receipt Details

Credit Voucher: Cr-7592,2024-05-21 22:11:25,USD.100.00,Credit

Authorized Signature

PETER

Printed On: 17/09/2026 04:36:19