INVOICE

Patient Name:	Dinesh Reddy	DOB:	28/12/1995
UHID:	41439	Visit No:	202405200001
Appointment Date:	20/05/2024 00:39:49	Gender/Age:	Male/28Y/4M/19DY
Address:		Phone No:	9586685563

Doctor Name: Dr.Venkat James	Bill No:120761
Guarantor: American Family Insurance	Bill Date:20/05/2024 04:57:46

S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount
1	SMEAR STUDY / PERIPHERAL SMEAR		1.00	80.00	0.00	600.00

Total	600.00	Discount Amount	0.00	Net Amount	600.00
				Paid	500.00
				Due	100.00

Receipt Details

Credit Voucher: Cr-7573,2024-05-20 04:57:46,USD.100.00,Credit

Receipt: Rcpt-7574,2024-05-20 04:57:46,USD.100.00,CreditCard

Receipt: Rcpt-7575,2024-05-20 04:57:46,USD.100.00,DebitCard

Receipt: Rcpt-7576,2024-05-20 04:57:46,USD.300.00,Cheque

Authorized Signature

VENKAT

Printed On: 17/09/2026 04:37:30