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:120762
Guarantor: American Family Insurance	Bill Date:20/05/2024 19:02:23

S.No	Service Name	ICD10	Qty	Amount	Discount	Net Amount
1	ANAEMIA PROFILE		1.00	80.00	0.00	4,500.00

Total	4,500.00	Discount Amount	0.00	Net Amount	4,500.00
				Paid	540.00
				Due	8,000.00

Receipt Details

Receipt: Rcpt-7578,2024-05-20 19:02:24,USD.400.00,Cash
Credit Voucher: Cr-7579,2024-05-20 19:02:24,USD.4000.00,Credit
Credit Voucher: Cr-7580,2024-05-20 19:02:24,USD.4000.00,Credit
Receipt: Rcpt-7581,2024-05-20 19:02:25,USD.10.00,CreditCard
Receipt: Rcpt-7582,2024-05-20 19:02:25,USD.10.00,CreditCard
Receipt: Rcpt-7583,2024-05-20 19:02:25,USD.30.00,DebitCard
Receipt: Rcpt-7584,2024-05-20 19:02:25,USD.30.00,DebitCard
Receipt: Rcpt-7585,2024-05-20 19:02:25,USD.60.00,Cheque

Authorized Signature
VENKAT

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