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:120763
Guarantor: American Family Insurance	Bill Date:20/05/2024 19:13:17

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	3,500.00
				Due	1,000.00

Receipt Details

Receipt: Rcpt-7586,2024-05-20 19:13:17,USD.1000.00,Cash

Credit Voucher: Cr-7587,2024-05-20 19:13:17,USD.1000.00,Credit

Receipt: Rcpt-7588,2024-05-20 19:13:17,USD.1000.00,CreditCard

Receipt: Rcpt-7589,2024-05-20 19:13:17,USD.1000.00,Cheque

Receipt: Rcpt-7590,2024-05-20 19:13:17,USD.500.00,DebitCard

Authorized Signature

VENKAT

Printed On: 17/09/2026 04:37:22