



## **Invoice**

**Invoice No:** 252601033

**Patient Name:** Ms. Yashvanthi Kotian/PW/2425/00010

**Pay Mode:** Cash

**Invoice Date:** 03-09-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Category D - Chemotherapy	11000.00
2	Nursing Charges	2000.00
3	Daycare Bed Charges	2000.00
4	Non medical Service MRD charges & Bio Medical Waste	1174.00

**Total Amount: 16174.00**

**Less Discount (-): 0.00**

**Grand Total: 16174.00**

**Received Amount (-): 16174.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required