



## **Invoice**

**Invoice No:** 252601218

**Patient Name:** Ms. Akila Ravi/PW/2526/00972

**Pay Mode:** Card

**Invoice Date:** 25-09-2025

**Doctor:** Dr. Namita Pandey

<b>Sr.No.</b>	<b>TREATMENT</b>	<b>AMOUNT</b>
1	Category C - Chemotherapy	10000.00
2	Daycare Bed Charges	5000.00
3	Nursing Charges	3000.00
4	Non medical Service MRD charges & Bio Medical Waste	800.00

**Total Amount: 18800.00**

**Less Discount (-): 0.00**

**Grand Total: 18800.00**

**Received Amount (-): 18800.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required