



## **Invoice**

**Invoice No:** 252601333

**Patient Name:** Ms. Rachana Mishra/PW/2425/00012

**Pay Mode:** UPI

**Invoice Date:** 09-10-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Category D - Chemotherapy	11000.00
2	Nursing Charges	2000.00
3	Non medical Service MRD charges & Bio Medical Waste	800.00

**Total Amount: 13800.00**

**Less Discount (-): 0.00**

**Grand Total: 13800.00**

**Received Amount (-): 13800.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required