



## **Invoice**

**Invoice No:** 252601783

**Patient Name:** Ms. Vanita Sapkal/HOC/2511/01153

**Pay Mode:** UPI

**Invoice Date:** 28-11-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Category A - Chemotherapy	7000.00
2	Daycare Bed Charges	1000.00
3	Nursing Charges	2000.00
4	Paxman Scalp Cooling Charges	8000.00
5	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