



## **Invoice**

**Invoice No:** 252601834

**Patient Name:** Ms. Rosy Singh/PW/2526/00071

**Pay Mode:** UPI

**Invoice Date:** 06-12-2025

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Category D - Chemotherapy	10000.00
2	Nursing Charges	2000.00
3	Non medical Service MRD charges & Bio Medical Waste	800.00
4	Daycare Bed Charges	2000.00

**Total Amount: 14800.00**

**Less Discount (-): 2000.00**

**Grand Total: 12800.00**

**Received Amount (-): 12800.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required