



## **Invoice**

**Invoice No:** 252601842

**Patient Name:** Ms. Uma Raman/PW/2526/00144

**Pay Mode:** Card

**Invoice Date:** 09-12-2025

**Doctor:** Dr. Namita Pandey

<b>Sr.No.</b>	<b>TREATMENT</b>	<b>AMOUNT</b>
1	Category B - Chemotherapy	8000.00
2	Daycare Bed Charges	2000.00
3	Nursing Charges	2000.00
4	Non medical Service MRD charges & Bio Medical Waste	800.00

**Total Amount: 12800.00**

**Less Discount (-): 8000.00**

**Grand Total: 4800.00**

**Received Amount (-): 4800.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required