



Invoice

Invoice No: 252601989

Patient Name: Ms. asha borade/HOC/2509/01042

Pay Mode: UPI

Invoice Date: 10-12-2025

Doctor: Dr. Namita Pandey

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

Total Amount: 14800.00

Less Discount (-): 9800.00

Grand Total: 5000.00

Received Amount (-): 5000.00

Balance Amount: 0.00

This is a computer generated invoice hence no signature is required