



## **Invoice**

**Invoice No:** 252602391

**Patient Name:** Ms. Akshata Tarkar/PW/2526/00072

**Pay Mode:** Card

**Invoice Date:** 07-02-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Category A - Chemotherapy	3000.00
2	Nursing Charges	1000.00
3	Daycare Bed Charges	1000.00

**Total Amount:** 5000.00

**Less Discount (-):** 0.00

**Grand Total:** 5000.00

**Received Amount (-): 5000.00**

**Balance Amount:** 0.00

This is a computer generated invoice hence no signature is required