



## **Receipt**

**Receipt No:** 252602414

**Patient Name:** Ms. Julie Francis /PW/2526/01023

**Pay Mode:** Card

**Receipt Date:** 09-02-2026

**Doctor:** Dr. Namita Pandey

<b>Sr.No.</b>	<b>TREATMENT</b>	<b>AMOUNT</b>
1	Category C - Chemotherapy	9000.00
2	Daycare Bed Charges	2000.00
3	Nursing Charges	2000.00
4	Non medical Service MRD charges & Bio Medical Waste	800.00
5	Paxman Scalp Cooling Charges	8000.00
6	Major Dressing	1000.00

**Total Amount: 22800.00**

**Less Discount (-): 0.00**

**Grand Total: 22800.00**

**Received Amount (-): 22800.00**

**Balance Amount: 0.00**