



## **Invoice**

**Invoice No:** 252602427

**Patient Name:** Ms. Nozomi Nishikawa/HOC/2602/01377

**Pay Mode:** UPI

**Invoice Date:** 10-02-2026

**Doctor:** Dr. Suman Kumar  
Ankathi

<b>Sr.No.</b>	<b>TREATMENT</b>	<b>AMOUNT</b>
1	Contrast Enhanced Mammography(Unilateral)	10000.00
2	Tomomammography - Bilateral	5630.00
<b>Total Amount: 15630.00</b>		
<b>Less Discount (-): 0.00</b>		
<b>Grand Total: 15630.00</b>		
<b><u>Received Amount (-): 15630.00</u></b>		
<b>Balance Amount: 0.00</b>		

This is a computer generated invoice hence no signature is required