

Invoice

Chanre Hospital

HSR lay out Mysore
Phone: 08040810611 | Fax: 080-42516600
Website: www.chanreallergy.com

Bill No: INV-1761735919217-3QOD1
BILL Date: 29/10/2025, 04:35 pm

Patient Information

Name: Kishor
Age: 36 | Gender: male
Contact: 9743371818
File No: 2345011

Consultant Information

Doctor: Test Doctor
Department: MD (Physiology), Immunology
User ID: 2345011
Ref. Doctor: N/A

Current Services Billed

S.NO	SERVICE NAME	QTY	CHARGES	PAID	BAL	STATUS
1	Registration Fee	1	150.00	150.00	0.00	Paid
2	OP Consultation Fee	1	850.00	850.00	0.00	Paid
3	Service Charges	1	150.00	150.00	0.00	Paid

Amount Paid: (Rs.) One Thousand One Hundred Fifty Only

Total Amount: ₹1150.00
Discount(-): ₹115.00
Tax Amount: ₹0.00
Grand Total: ₹1035.00
Amount Paid: ₹1150.00

Transaction History

DATE & TIME	TYPE	DESCRIPTION	AMOUNT	METHOD
29/10/2025 16:35:27	Payment	Doctor Consultation Fee	+ ₹850.00	upi
29/10/2025 16:35:27	Payment	Service Charges	+ ₹150.00	upi
29/10/2025 16:35:27	Payment	Registration Fee	+ ₹150.00	upi

Generated By: Test Receptionist
Date: 29/10/2025
Time: 04:35 pm

Invoice Terms

- Original invoice document
- Payment due upon receipt
- Keep for your records
- No refunds after 7 days

Signature: For Chanre Hospital

"For Home Sample Collection"
Miss Call: 080-42516666|Mobile: 9686197153