

#### **MAHIMA MEDICARE**

Healthcare Services & Medical Solutions Address: Near Mani Residency Complex, Indore, MP

Phone: +91-98765-43210 | Email: info@mahimamedicare.co.in

**GSTIN: 23AAAAA0000A1Z5 | PAN: AAAAA0000A** 

## LABORATORY TEST INVOICE

#### Invoice Details

Invoice Number:	INV-INV-2025-10-01847
Invoice Date:	October 02, 2025
Payment ID:	pay_ROiU0YUGowjZo3
Payment Status:	Paid

#### **Customer Information**

Name:	Customer
Phone:	N/A
Email:	divyanshudubey2712@gmail.com

### **Laboratory Test Details**

Description	Quantity	Unit Price	Total Price
Lab Test: CANCER	1	■10.00	■10.00

# **Billing Summary**

<b>■</b> 25.42	Subtotal (Before GST):
<b>■</b> 4.58	GST (18%):
■30.00	Total Amount:

#### Terms & Conditions:

- Payment is subject to realization of cheque/DD.
- All disputes are subject to Indore jurisdiction.
- Goods once sold will not be taken back.
- E&OE; (Errors and Omissions Excepted)

## Thank you for choosing Mahima Medicare for your healthcare needs!

Customer Signature

Authorized Signatory MAHIMA MEDICARE

This is a computer generated invoice and does not require physical signature.