

Al-Khalidi Hospital & Medical Center In - Patient Summary Invoice

INSURANCE

Patient Name: saad ahmed **Visit Date:** 30 - 12 - 2020 13:13 **Patient MRN:** KHMC36520131354 **Invoice No: Invoice Date** Visit No:

IN62117581 2021-01-06 17:58

EDR365201313

Description	Service Type	Status	Original Amount	Insured Amount
Kidney	Lab	Covered	145.0000	1.4000
Test	Radiology	Not Covered	1499.0000	0

Signature & Stamp

Invoice Amount Down Payments 1500.4000 JD JD

Total

1500.4000 JD

Prepared by: muhammad ali ahmad