

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

## **INSURANCE**

**Patient Name:** saad ahmed **Invoice No:** IN621182618 **Visit Date:** 30 - 12 - 2020 13:13 **Invoice Date** 2021-01-06 18:26 **Patient MRN:** Visit No: KHMC36520131354 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** 1500.4000 JD **Down Payments** JD

**Total** 1500.4000 JD

Prepared by: muhammad ali ahmad