

Healthcare Services

INVOICE

DATE: 01-Dec19

INVOICE: 19/11

Billing Period: Nov 19

BILL TO

CHAMADY OF CHARGE

| | | SOMMAKI OF CHARGES | | | |
|-------|------------------|--|------------------|---------------|-----------|
| s.NO | MODALITY NAME | STUDY NAME | AMOUNT/ STUDY | TOTAL NO'S | AMOUNT |
| 1 | CT | STUDIES | 280 | 19 | 5,320.00 |
| 2 | MRI | STUDIES | 300 | 120 | 36,000.00 |
| Total | | | | 141 | 41,320.00 |
| | | | | *** | |
| | | THE RESIDENCE OF THE PARTY OF T | | | _ |

Net Invoice Amount

41,320.00

PAYMENT

CHEQUE Payable to STAR GROUP

NEFT

Account Number: 1168135000006289

IFSC: KVBL0001168 Bank: Karur Vysya Bank

Branch: Nagercoil

For STAR Teleradiology

Authorized Signatory

If you have any questions about this invoice, please contact bervin, +919894846314, bervin@startele.in

Thank You for Your Business!

Total: 41320,

3718

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AARTHI SCANS PVT LTD.,