DIVYA IMAGING CENTER

BILL RECEIPT

BILL NO: 12 **BILL DATE:** 20-10-2025

Patient Name: Ratnachand Kancharlaaaaaaaaaaaa Mobile No: 9494990433

Age & Gender: 25 / Male **Ref. Physician:** Dr. krishna

Investigation Name	Amount
US - US chest	500.00
MRI - MRI brain	10,000.00
MRI - hkheh	2,428.00

Sub Total: 12928.00

Disc Amt: 0.00

TOTAL: 12928.00