

Medical Invoice

Patient Name: Amit Sharma

Age: 45

Gender: Male

Insurance ID: INS-123456789

Hospital Name: City Care Hospital

Attending Doctor: Dr. Suresh Patil

Diagnosis: Migraine Treatment

Date of Service: 2024-03-05

Billing Code: MIG-2024-001

Room Type: General Ward

Claim Amount: \$1500

Payment Method: Credit Card

Services Rendered:

- General Consultation
- Pain Reliever Prescription

Notes: Follow-up appointment recommended in two weeks.