



## MEDICARE CLINIC

We Care You

Invoice No: 1

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| Reference No | Doctor Name | Patient Name  | Appointment No | Appointment Date | Appointment Time | Total Amount |
|--------------|-------------|---------------|----------------|------------------|------------------|--------------|
| 1            | Mathew John | Anne Luckvina | 1              | 2018-04-18       | 03:00            | 1700         |

- Claim requests are accepted on the following basis;

1. Claim requests for direct booking, need to come before the session start time and the refund will be made in two (2) working days.
2. The Claim requests for direct booking will not be accepted after the session start time and the Company is not liable for any refund pertaining to patients' appointment after this time.

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- --Terms & Conditions Applied---