

BILL AND RECEIPT

**Patient Name:** Yashraj Singh  
**Patient ID:** MED57  
**Phone No:** 9073101315  
**Email:** hulkbuster2204@gmail.com  
**Appointment:** 10-06-2025 09:00 am  
**Bill No:** INV-59  
**Date:** 10-06-2025 05:15 am  
**Payment ID:** pay\_QfHdLYpRlXk64p  
**Order ID:** order\_QfHdC1QBHeg7X9  
**Consultant:** Dr. Kuwarjeet Singh

Particulars	Date	Qty	Unit Rate	Amount ( )
Video Consultation - Dr. Kuwarjeet Singh	10-06-2025	1	500.00	500.00
Registration Fee	10-06-2025	1	350.00	350.00

Total Hospital Charges: 850.00

GST (18%): 153.00

**Total Amount: 1003.00**

Amount Paid: 1003.00

**Balance: 0.00**

GSTIN: 19MEDICONNECT1Z9

Payment Status: CAPTURED

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