

## BILL AND RECEIPT

**Patient Name:** Prachi Srivastav  
**Patient ID:** MED46  
**Phone No:** 9073414569  
**Email:** yashrajsingh.socialmedia@gmail.com  
**Appointment:** 08-06-2025 04:30 pm  
**Bill No:** INV-42  
**Date:** 08-06-2025 03:26 pm  
**Payment ID:** pay\_QeezCIHB1UrU2  
**Order ID:** order\_QeezAuRKhAAG04  
**Consultant:** Dr. Sisir Kumar Patra

Particulars	Date	Qty	Unit Rate	Amount (₹)
Video Consultation - Dr. Sisir Kumar Patra	08-06-2025	1	750.00	750.00
Registration Fee	08-06-2025	1	350.00	350.00

Total Hospital Charges: 1100.00

GST (18%): 198.00

**Total Amount: 1298.00**

Amount Paid: 1298.00

**Balance: 0.00**

GSTIN: 19MEDICONNECT1Z9

Payment Status: CAPTURED

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