

Prime Medical Center Al Qusais

P.O.Box 7162, Ground Floor Al Qusais Plaza,
Damascus Street Dubai,U.A.E.
Tel: 04 7070999 , Fax : 04 2381232
Email: qpprime@primehealth.ae



TRN No : 100297778100003

TAX INVOICE – CASH

Patient Name	Pradeep Thekkekad Balan	Age	31	Gender	Male
RG No.	RG1816536	Nationality	India	Invoice Date	30/08/2020
Party Name		Insu Card No		Invoice No	QUIC077798
TRN No					
Sub Party					
Doctor Name	DR.PARAMASIVAM SATHIYAMOORTHY				

S.No	Service Code	Service Name	Rate	Discount	Amount excluding VAT	VAT (%)	VAT	Amount including VAT
1	COVID5	COVID- 19 TEST PACKAGE (PRIMECORP CLINICS)	257.15	0.00	257.15	5.00	12.86	270.01
Total :			257.15	0.00	257.15		12.86	270.01

Two Hundred Seventy Dirhams and One Fils

Received on 30/08/2020 VIS	270.01
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Invoiced By : MR.MOIN GIYASUDDIN

Signature :

Refunds as per company policy

Customer Copy

This is computer generated receipt doesn't require any signature