Medical Billing Invoice

Invoice Id: xxxxx-xxxxx-xx5428 Invoice Date: 28-27-2023 03:27:12

PATIENT ID	PATIENT NAME	ITEM	DESCRIPTIO N	AMOUNT
8105aa1b40b 94371b8fde95 6d20b851a	ramanj	General Check up	General Check up	7999.99
8105aa1b40b 94371b8fde95 6d20b851a	ramanj	General Check up	General Check up	1050.75
8105aa1b40b 94371b8fde95 6d20b851a	ramanj	General Check up	General Check up	1050.75

Total Amount: 10101.49