

Medical Billing Invoice

Invoice Id: xxxxx-xxxxx-xx0549

Invoice Date: 28-27-2023 03:27:48

PATIENT ID	PATIENT NAME	ITEM	DESCRIPTION	AMOUNT
25be3225de3 34c64a41c49 07516fa124	Vinay	General Check up	General Check up	1050.75
25be3225de3 34c64a41c49 07516fa124	Vinay	Random Sugar Test	Random Sugar Test	999.99
8105aa1b40b 94371b8fde95 6d20b851a	ramanj	General Check up	General Check up	7999.99
25be3225de3 34c64a41c49 07516fa124	Vinay	Sugar Test	Sugar Test	150.75
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: 12302.98