

# GlobeMed Healthcare - Official Bill

**Printed on:** 2025-08-28 05:50:39

**Bill ID:** 20  
**Patient ID:** P002  
**Patient Name:** Tharuka Bandara

**Requested Service:** test

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**Original Amount:** \$1000.00

**Final Amount Due:** \$1000.00

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**Insurance Plan Coverage Rates**

- Bronze Plan: 40% Coverage
- Silver Plan: 50% Coverage
- Gold Plan: 60% Coverage
- Platinum Plan: 80% Coverage

*Thank you for choosing GlobeMed Healthcare.*