

INVOICE

Chanre Hospital

Rajajinagar, Bengaluru  
PH: 08040810611 | Fax: 08042516600  
Web: 42516600chanrealleg.com

OUTPATIENT BILL

Name: Ajay  
Date: 06/10/2025, 09:35 am  
Bill No: 2345-20251006040513-edb94  
File No: 68e33e5bdb1cc271f47edb94  
Sex: male  
Age: 45Y

Consultant Name: Test Doctor  
Department: MD (Physiology)  
User Name / Lab ID: 68e33e5bdb1cc271f47edb94  
Password: 68e33e5bdb1cc271f47edb94  
Ref: 68e33e5bdb1cc271f47edb94m

S.NO	SERVICE NAME	QTY	CHARGES	PAID	BALANCE	STATUS
1	24HRSUALB	1	220.00	220.00	0.00	Pending
2	17ALPHA	1	2000.00	2000.00	0.00	Pending

Bill Status: PARTIAL  
Amount Paid: 11000.00  
Amount Paid: (Rs.) One Thousand Only  
Remaining Amount: 12220.00  
Percentage Paid: 45%

Summary of Charges  
Total Amount: 12220.00  
Discount(-): 10.00  
Tax Amount: 10.00  
Grand Total: 12220.00  
Amount Paid: 11000.00  
Status: PARTIAL

Payment History

DATE	SERVICE	AMOUNT	PAID	METHOD	REFUNDED	BALANCE	STATUS
06/10/2025	24HRSUALB	1220.00	1220.00	Cash	10.00	10.00	Pending
06/10/2025	17ALPHA	12000.00	12000.00	Cash	10.00	10.00	Pending

Generated By: Chanre Hospital  
Date: 06/10/2025  
Time: 10:00 am

Invoice Terms

- Original invoice document
- Payment due upon receipt
- Keep for your records
- No refunds after 7 days

Signature For Chanre Hospital

"For Home Sample Collection"  
Miss Call: 080-42516666|Mobile: 9686197153