


**TAX INVOICE**  
**TRN No: 100255946400003**

|                     |  |                       |   |
|---------------------|--|-----------------------|---|
| <b>Patient Name</b> | : Miss. Myna Kuruba Bandintysreenivasulu | <b>MPI Number</b>     | : 1005039909  |
| <b>Encounter No</b> | : ANMC/23-24/ENC-63029                   | <b>Visit Date</b>     | : 27-01-2024  |
| <b>Receipt No</b>   | : ANMC/23-24/ORD/RC-55172                | <b>Receipt Date</b>   | : 27-01-2024  |
| <b>Doctor/Dept</b>  | : Dr.Bharathi Veeraswamy                 | <b>Specialization</b> | : OBSTETRICS & GYNECOLOGY   |
|                     |  | <b>MPI #</b>          | :  |

| Description                            | Qty                 |       |
|--|---------------------|-------|
| Dr.Bharathi Veeraswamy - Initial Visit | 1                   |       |
| Antibody to Hepatitis C Virus          | 1                   |       |
| Beta HCG                               | 1                   |       |
| BLOOD TYPING RH D                      | 1                   |       |
| CBC - Complete Blood Count             | 1                   |       |
| Hepatitis B surface Antigen            | 1                   |       |
| HIV 1 and 2                            | 1                   |       |
| Rubella Ab IgG                         | 1                   |       |
| SYPHILIS TEST QUANTITATIVE             | 1                   |       |
| Thyroid Stimulating Hormone            | 1                   |       |
| Urine Routine                          | 1                   |       |
| REGISTRATION                           | 1                   |       |
|  |                     |       |
|  | Deductible          |       |
|  | Copay               |       |
|  | Adm Charge          | 0.00  |
|  | Selfpay             | 0.00  |
|  | Tax Amount          | 0.48  |
|  |                     |       |
|  | Discount            | 0.00  |
|  | Patient Payable     | 30.59 |
|  | Payer Payable       | 0.00  |
|  | Adjust From Package | 20.59 |
|  | Current Paid Amount | 10.00 |
|  |                     |       |
| Payer Balance Due : 0.00               | Patient Balance Due | 0.00  |

**Total Current Receipt Amount : AED Ten only**

**Current Payment Details**

**Card : 10.00**

**Tokens**

|          |   |
|----------|---|
| * Token# | <b>W-BV-404</b>                             |
| 1 Lab    | Common Waiting Area-Ground Floor-Room No:12 |