

Al-Khalidi Hospital & Medical Center In - Patient Summary Invoice

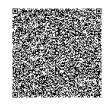
INSURANCE

Patient Name: Sarmad Mir **Invoice No:** IN28320143854 **Visit Date:** 24 - 09 - 2020 12:41 **Invoice Date** 2020-10-09 14:38 **Patient MRN:** Visit No: khmc26820124102 IPR280201417

Description	Service Type	Status	Original Amount	Insured Amount
Anti Diuretic Hormone Test, Plasma.	Lab	Not Covered	999.9900	0
Amoebic Antibodies Test, serum level	Lab	Not Covered	999.9900	0

Signature & Stamp

Invoice Amount 1999.9800 JD **Down Payments** JD **Total** 1999.9800 JD



Prepared by: Devan Monroe