

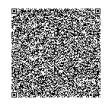
Al-Khalidi Hospital & Medical Center In - Patient Summary Invoice

INSURANCE

Patient Name: Sarmad Mir **Invoice No:** IN27920155538 **Visit Date:** 24 - 09 - 2020 12:41 **Invoice Date** 2020-10-05 15:55 **Patient MRN:** Visit No: khmc26820124102 IPR275201124

Description	Service Type	Status	Original Amount	Insured Amount
HLA-B Typing by PCR :	Lab	Not Covered	999.9900	0
Gram Stain/lab/	Lab	Not Covered	999.9900	0

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



Prepared by: Devan Monroe