## Al-چيالنادي الطبع Al Khalidi Hospital & Medical Center

## Al-Khalidi Hospital & Medical Center Detailed ER Invoice

**CASH** 

 Patient Name:
 Wasileh KAZAZ
 Invoice No:
 IN27720113820

 Visit Date:
 2020-10-02
 Invoice Date
 2020-10-03 11:38

 Patient MRN:
 khmc0000000006
 Visit No:
 EDR276201613

Date/Time	Service Type	Service Name	Amount (JD)	Quantity
02 - 10 - 2020 17:05	Laboratory Service	HLA-B Typing by PCR :	999.99	1

<b>Consultant Fee</b>	0	JD
<b>Doctor Fee</b>	0	JD
<b>Deposited Amount</b>	0	JD
<b>Total Services Bill</b>	999.99	JD
Sub Total	999.99	$\mathbf{J}\mathbf{D}$
Total	999.99	JD

