

Almadallah Healthcare Management

Invoice

Providers Name:	Patients Name:
Providers Address:	Patients Card Number:
Providers Phone Number:	Invoice Date:
Accountant:	Invoice Number:

SN	Service Code	Service Description	Quantity	Gross Amount	Discount %	Discount Amount	Patients Share		Net Amount
							Deductible	Copay	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Notes:	Total (AED)
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