

To: ELENA GEORGIEVA ID: 004300252 Pasport no: 388882615

Summary of Invoices for Case no. Outpatient 52332115001

Visit number	Visit date	MOH Code	Service code	Service description	Month charged	Physician	Price	Qty. / Dosage	Total	Cur.
001	30.04.2023	86704	210360	Hepatitis B, Anti-HBc IgG	04.2023		29	1	29	USD
001	30.04.2023	86705	210319	Hepatitis B, Anti-HBc IgM	04.2023		32	1	32	USD
001	30.04.2023	86803	210732	ANTI HCV	04.2023		16	1	16	USD
001	30.04.2023	87522	210460	HEPATITIS C, HCV RNA PCR QUANTITATIVE	04.2023		517	1	517	USD
001	30.04.2023		210260	HCV serum Genotype - RNA.PCR	04.2023		440	1	440	USD

Total for payment: 1,034.00

Paid on account: 0.00

Balance due: 1,034.00

Hadassah University Medical Center  

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