

## **TAX INVOICE**

Reg TRN No : 100529934000003

Facility Name : DentisTree Dental Clinic

Address Ground floor, Shop 3, Wasl Port Views 8, Al

Mina Road, Jumeirah 1, Dubai

042529935 / / 045641764

Policy No : Invoice No : INV-1C006447

Claim No : Invoice Date : 12-04-2024

Doctor : Pearl Pinto Invoice Time : 12-04-2024

Customer Name : Shanti Patel Invoice Type : Outpatient

Age / Gender : **69Y - 3M - 15D / Female** Mode : Cash / Credit

Department : Refered By :

Rate Plan : Visit ID :

Insurance Company : Cash Registered Date : 12-04-2024

MR # : 3217

Customer VAT Reg No:

| SI No                               | Service Code     | Treatment / Procedure         | Unit Price | Qty | Gross    | Discount | VAT % | VAT Amount | Net      |  |
|-------------------------------------|------------------|-------------------------------|------------|-----|----------|----------|-------|------------|----------|--|
| 1                                   | D5120            | complete denture - mandibular | 4,500.00   | 1   | 3,250.00 | 0.00     | 0     | 0.0000     | 3,250.00 |  |
| 2                                   | D5110            | complete denture - maxillary  | 4,500.00   | 1   | 3,250.00 | 0.00     | 0     | 0.0000     | 3,250.00 |  |
| Gross Amount (in AED)               |                  |                               |            |     |          |          |       | 6,500.00   |          |  |
| Discount (in AED)                   |                  |                               |            |     |          |          |       | 0.00 Fixed |          |  |
| Net Amount (in AED)                 |                  |                               |            |     |          |          |       | 6,500.00   |          |  |
| Net Sponsored Amount (in AED)       |                  |                               |            |     |          |          |       | 6,500.00   |          |  |
| Tax on Net Sponsored Amount(in AED) |                  |                               |            |     |          |          |       | 0.00       |          |  |
| Total S                             | Sponsored Amo    |                               | 6500.00    |     |          |          |       |            |          |  |
| Net Patient Amount (in AED)         |                  |                               |            |     |          |          |       | 6,500.00   |          |  |
| Tax on Patient Amount(in AED)       |                  |                               |            |     |          |          |       | 0.00       |          |  |
| Total Patient Amount(in AED)        |                  |                               |            |     |          |          |       | 6,500.00   |          |  |
| Taxable Sale @ 5%(in AED)           |                  |                               |            |     |          |          |       | 0.00       |          |  |
| Tax on 5%(in AED)                   |                  |                               |            |     |          |          |       | 0.00       |          |  |
| Taxable Sale @ 0%(in AED)           |                  |                               |            |     |          |          |       | 6500.00    |          |  |
| Paid (in AED) (Credit Card)         |                  |                               |            |     |          |          |       | -2,000.00  |          |  |
| Baland                              | ce (in AED)      |                               |            |     |          |          |       |            | 4,500.00 |  |
| Advan                               | ce Balance (in A | AED)                          |            |     |          |          |       |            | 0.00     |  |

## Prepared By Vivien Calimlim

## **Patient Signature**

Kindly note that this automated and uniquely dated invoice is payable on this visit before leaving the Center deposit will be automatically deducted upon settlement.