

# Hospital Bill Receipt

Patient Name: p1  
Patient Code: 6C20F379B5  
Phone Number: N/A  
Address: N/A  
Blood Group: A+

Service/Item	Cost (■)
injection	■1000.00
medicine	■500.00

Total Amount:	■1500.00
Paid Amount:	■500.00
Pending Amount:	■1000.00

Status: PENDING