

| SR No | Date | Invoice No | Reciept No | MR No. | OPD No | Patient Name | Total Amount | Disc on Service | Gross Payable Amount | Conc.On Bill | Net Payable Amount | Mode Of Payment | | | | | | Paid Amount | OSA | Refund Amount | Collected By | Cash Counter | Unit Name |
|-------------|------|------------|------------|--------|--------|--------------|--------------|-----------------|----------------------|--------------|--------------------|-----------------|--------|------|----------|-----------|--------|-------------|------|---------------|--------------|--------------|-----------|
| | | | | | | | | | | | | Cash | Cheque | Card | Transfer | DebitCard | Credit | | | | | | |
| 1 | null | null | null | null | null | null | null | null | null | null | null | null | null | null | null | null | null | null | null | null | null | null | null |
| Grand Total | | | | | | | null | null | null | null | null | null | null | null | null | null | null | null | null | | | | |