Health Care Plus Billing ID:2

Patient Details	
Patient Name:	BobGreen
Gender:	Male
Age:	42
Contact:	0762563453
NIC:	2
Appointment Date:	9/22/2023
Appointment Time:	
Appointment Status:	Scheduled
Room Details	
Room ID:	1
Room Type:	Standard
Room Price:	\$1,500.00
Service Details	
Service Description:	X-ray
Service Price:	\$1,500.00
Payment History	
Payment Date: 9/12/2023 12:00:00 AM	Payment Amount: 2000.00
Payment Date: 9/12/2023 12:00:00 AM	Payment Amount: 2000.00
Additional Charges	
Hospital Service Charge:	\$2,500.00
Doctor's Consultation Fee:	\$2,500.00

Total Bill Details

Bill Status: Not paid Total Bill Amount:\$8,000.00

Bill Issue Date and Time: 09/16/2023 22:40:25