

# Billing Receipt

Bill ID: KAR-FL-001-20260129-211  
Date: 2026-01-30  
Time: 10:05 PM  
Payment Mode: cash

## Patient Details

Name: flex  
Phone Number: 6677889900  
Visit Number: 1  
Doctor: N/A  
Nurse: N/A  
Location: N/A  
Member ID: A00F16430

## Services

SNo	Particular	Details	Amount	Discount	Net
1	dfs	hao	140.00	10.00	140.00

## Financial Breakdown

Subtotal (Services after individual discounts): 140.00  
Overall Discount: None  
Total after Overall Discount: 140.00  
Membership Fee (Gold): 11000.00  
Total with Membership Fee: 11040.00  
Membership Offer: None  
**Final Total: 11040.00**

## Additional Information

Reference: df  
Review Date: 2026-01-22