

Billing Receipt

Bill ID: KAR-KA-002-20250824-597
Date: 2025-08-24
Time: 01:39 PM
Payment Mode: cash

Patient Details

Name: kavi
Phone Number: 1234567891
Visit Number: 2
Doctor: N/A
Nurse: testinguragain24
Location: karur
Member ID: A00U23229

Services

SNo	Particular	Details	Amount	Discount	Net
1	12312	-	1 1 2 3 . 0 0	1 0 . 0 0	1 1 2 3 . 0
2	as	-	1 4 5 . 0 0	1 0 . 0 0	1 4 5 . 0 0

Financial Breakdown

Subtotal (Services after individual discounts): 1 1 6 8 . 0 0
Overall Discount: None
Total after Overall Discount: 1 1 6 8 . 0 0
Membership Fee: None
Total with Membership Fee: 1 1 6 8 . 0 0
Membership Offer: None
Final Total: 1 1 6 8 . 0 0

Additional Information

Reference: 124
Review Date: N/A