

Billing Receipt

Bill ID: KAR-TE-001-20250804-319
Date: 2025-08-04
Time: 07:11 PM
Payment Mode: online

Patient Details

Name: testing 300
Phone Number: 8184569872
Visit Number: 1
Doctor: null
Nurse: testinginnurse
Location: karur
Member ID: T300M11748

Services

SNo	Particular	Details	Amount	Discount	Net
1	san	san	1200.00	10.00	1200.0

Financial Breakdown

Subtotal (Services after individual discounts): 1200.00
Overall Discount: None
Total after Overall Discount: 1200.00
Membership Fee: None
Total with Membership Fee: 1200.00
Membership Offer: None
Final Total: 1200.00

Additional Information

Reference: me
Review Date: N/A