

# Billing Receipt

Bill ID: KAR-TE-001-20250807-861  
Date: 2025-08-07  
Time: 05:54 PM  
Payment Mode: N/A

## Patient Details

Name: testing50  
Phone Number: 5050505050  
Visit Number: 1  
Doctor: null  
Nurse: Saraswathi  
Location: karur  
Member ID: T00U18177

## Services

SNo	Particular	Details	Amount	Discount	Net
1	saan	ds	1 1 0 0 . 0 0	1 1 0 . 0 0	1 9 0 . 0 0
2	saaa	er	1 5 0 . 0 0	1 5 . 0 0	1 4 5 . 0 0

## Financial Breakdown

Subtotal (Services after individual discounts): 1 1 3 5 . 0 0  
Overall Discount (Applied to subtotal): 1 5 0 . 0 0  
Total after Overall Discount: 1 8 5 . 0 0  
Membership Fee: None  
Total with Membership Fee: 1 8 5 . 0 0  
Membership Offer: None  
Final Total: 1 8 5 . 0 0

## Additional Information

Reference: sanjay  
Review Date: 2025-08-21