

Billing Receipt

Bill ID: KAR-SO-001-20250429-129  
Date: 2025-04-29  
Time: 03:12 PM  
Payment Mode: Card

Patient Details

Name: Somesh  
Phone Number: 7659929957  
Visit Number: 1  
Doctor: null  
Nurse: Karthika  
Location: karur  
Member ID: S25M17443

Services

SNo	Particular	Details	Amount	Discount	Net
1	sd	asdf	1100.00	13.00	197.00

Financial Breakdown

Subtotal (Services after individual discounts): 197.00  
Overall Discount: None  
Total after Overall Discount: 197.00  
Membership Fee: None  
Total with Membership Fee: 197.00  
Membership Offer: None  
Final Total: 197.00

Additional Information

Reference: N/A  
Review Date: N/A