

# Billing Receipt

Bill ID: UNK-AS-001-20260131-947

Date: 2026-01-31

Time: 12:38 PM

Payment Mode: cash

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## Patient Details

Name: asdf

Phone Number: 5566778899

Visit Number: 1

Doctor: N/A

Nurse: Testing nurse akka

Location: N/A

Member ID: A00F18916

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## Services

SNo	Particular	Details	Amount	Discount	Net
1	asd	-	1200.00	10.00	1200.00

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## Financial Breakdown

Subtotal (Services after individual discounts): 1200.00

Overall Discount (Applied to subtotal): 10.00

Total after Overall Discount: 1190.00

Membership Fee: None

Total with Membership Fee: 1190.00

Membership Offer: None

Final Total: 1190.00

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## Additional Information

Reference: asd

Review Date: N/A