

Billing Receipt

Bill ID: KAR-KA-001-20250824-403
Date: 2025-08-24
Time: 01:12 PM
Payment Mode: cash

Patient Details

Name: kavi
Phone Number: 1234567891
Visit Number: 1
Doctor: N/A
Nurse: addingnurse
Location: karur
Member ID: A00U11723

Services

SNo	Particular	Details	Amount	Discount	Net
1	dsf	-	112.00	11.00	111.00
2	dol	-	112.00	11.00	111.00

Financial Breakdown

Subtotal (Services after individual discounts): 122.00
Overall Discount: None
Total after Overall Discount: 122.00
Membership Fee: None
Total with Membership Fee: 122.00
Membership Offer: None
Final Total: 122.00

Additional Information

Reference: na
Review Date: 2025-08-25