

Billing Receipt

Bill ID: KAR-FL-001-20260129-211
Date: 2026-01-30
Time: 10:05 PM
Payment Mode: cash

Patient Details

Name: flex
Phone Number: 6677889900
Visit Number: 1
Doctor: N/A
Nurse: N/A
Location: N/A
Member ID: A00F16430

Services

SNo	Particular	Details	Amount	Discount	Net
1	dfs	hao	140.00	10.00	140.00

Financial Breakdown

Subtotal (Services after individual discounts): 140.00
Overall Discount: None
Total after Overall Discount: 140.00
Membership Fee (Gold): 11000.00
Total with Membership Fee: 11040.00
Membership Offer: None
Final Total: 11040.00

Additional Information

Reference: df
Review Date: 2026-01-22