

# Medical Payment Receipt

Receipt No: RCP-2026-001

Date: 13-02-2026

## Patient Details

Name: Soniya V

Patient ID: PT-1007

Contact: 9876543210

## Hospital Details

Hospital Name: City Care Hospital

Address: 12, MG Road, Chennai

Phone: 044-12345678

## Doctor Details

Doctor Name: Dr. Ravi Kumar

Department: General Medicine

Service	Amount (INR)
Consultation Fee	500
Lab Test	1200
Medicines	850
Registration Fee	100
Total Amount	2650

**Payment Mode:** UPI

**Transaction ID:** TXN123456789

**Status:** Paid