Payment Receipt

|  |  |
| --- | --- |
| Receipt Number | # |
| Receipt Date | # |
| Generated By | # |

|  |  |
| --- | --- |
| **Patient Details** | |
| Patient Name | # |
| Patient Age | # |
| Gender | # |

|  |  |
| --- | --- |
| **Payment Details** | |
| Payment Mode | # |
| Payment Id | # |
| Payment Date | # |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr No** | **Details** | **No. of Sessions** | **Per Session Cost** | **Subtotal** |
| # | # | # | # | # |
|  |  |  |  |  |
| **Total**  **Package Concession**  **Total Payable** | | **#** | **---------** | **#**  **#**  **#** |