

# Gurgaon Facility

## Patient Debit Note

**Patient Name:** Ram Sharma  
**Enrollment No:** 321212  
**IQ Number:** IQ-00RS1998050610185110

**Bill Number:** 1  
**Bill Date:** 23-Jul-2015

All Amount are in:INR

TransactionDate	Description	Quantity	Amount	Admin Cost	Service Cost	Price Paid by Patient
01-Jun-2015	Consultation Fee	1	0.00	0.00	0.00 **	0.00
02-Jun-2015	Consultation Fee	1	0.00	0.00	0.00 **	0.00

<b>Total:</b>	<b>0.00</b>	<b>0.00</b>
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INR zero should to be paid by patient

\*\* Amount paid by program



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