

Patient Bill

Patient ID: 14
Name: Mate
Date of Birth: 2002-02-22
Father Name: Him
Husband Name: NA
Gender: Male
Mobile: 1234567890

Test ID	Test	Cost	Test Performed	Payment Due	Departmen
34	Test 2	500.00	No	Yes	Department 2
35	Blood Group	1000.00	No	Yes	Sample
36	Test 4	900.00	Done	No	Department 4
				Total Cost Due: 1500.00	