

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 | Department |
|---------|-------------|---------|----------------|-------------|--------------|
| 34 | Test 3 | 700.00 | No | Yes | Department 3 |
| 35 | Blood Group | 1000.00 | No | Yes | Sample |
| 36 | Test 4 | 900.00 | Done | No | Department 4 |