♠ / Invoice Payment / Add Invoice Payment

Add Invoice Payment

Print Payment Details	
Patient Name	
Select Patient	
Patient Address	
xxxx	
Payment Date	
2020/10/25	
Invoice Refference	
135	
Psychologist Name	
Dr. Done Pot	•
Service Recived	
Loss or Grief	•
Hours Of Service	
1	~
Service Amount (R)	
500	
Paid by Medical Aid (R)	
200	
Pay by Cash (R)	
0	
Total Due	
300	

10/25/2020 Admin | DashBoard

>>>>>> Save <<<<<<<

Back to List (/Admin/ListOfPayment)