



Hello, Regina

PATIENT ID: 20011
PATIENT NAME: Regina Daniels
SERVICE PAID FOR: Pregnancy Package
AMOUNT PAID: ₦20,000.00
AMOUNT REMAINING: ₦30,000.00
PAYMENT PLAN CHOOSSED: 2

Below is your account statement with NHMH.

PLAN ID	TRANSACTION ID	AMOUNT TO PAY	DATE TO PAY	DATE OF TRANSACTION
53	901680369	₦15,000.00	2023-11-21	2023-04-03 22:53:24
52	901680369	₦15,000.00	2023-07-28	2023-04-03 22:53:24