Clinic Collection Summary from 07-Oct-2025 07-Oct-2025

From Date: 7-Oct-2025 **To Date:** 07-Oct-2025

Sl.NO	Bill ID	BillDate	FileNo	Invoice No	Patient Name	Doctor	ServiceName	Gross	Patient Pay	PayerShare	Vat	Dis	Revenue	Balance	Received	Type	Exp	Wallet
1																		