# Clinic Collection Summary from 05-May-2025 05-May-2025

**From Date:** 5-May-2025 **To Date:** 05-May-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 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |