# Clinic Collection Summary from 20-Mar-2025 20-Mar-2025

**From Date:** 20-Mar-2025 **To Date:** 20-Mar-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 |
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