Clinic Collection Summary from 05-Oct-2025 05-Oct-2025

From Date: 5-Oct-2025 **To Date:** 05-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																		