billing_view

S.No	Bill Date	Bill No	Patient ID	Patient Name	Visit_type	Total Amount	Discount Amount	Net Amount	Advance Amount	Claim Amount	Received Amount	Due Amount	Status	Actions
1	17/08/2022	MHS/Mhs/ BOP08202200012	PMHST08202200003	Sandhiya	OP	4900	0	4900	0	0	4900	0	Paid	Options A4 Print A5 Print Refund
2	17/08/2022	MHS/Mhs/ BOP08202200013	PMHST08202200003	Sandhiya	OP	4900	0	4900	0	0	4900	0	Paid	Options A4 Print A5 Print Refund