

IPD COLLECTION

(From : 2026-10-12 00:00:00 To : 2026-10-12 23:59:59)

Date	Receipt No.	Patient ID	Name	Amount	Type	PayMode
					Received :	
					Refund :	
					Final :	0

Payment Mode: Cash | Total Cash Paid: | Total Cash Refund:

Payment Mode: Bank | Total Bank Paid: | Total Bank Refund:

Payment Mode: UPI | Total UPI Paid: | Total UPI Refund: