



الزدارة المالية

acility Name: Ha	amad General Hos	pital							Colle	ction Receipt
MRN		5203123					QID		31635608171	
Patient Name		ZAHRA MOOSAN MUKRI ()								
Receipt No.		101027170134					Receipt Date		12/06/2024 08:02 AM	
Health Card Exp. Date		12/06/2025					Billing Category		RESIDENT (Indian)	
Residence Exp. Date		01/04/2025					Sub Billing Category			
Credit Group		Self Pay					Policy Detail		Self Pay Policy	
Trans. #	Service Code	Service Description		Rate	Qty.	Gross Amount		Discount	Credit Share	Net Amount (QR)
Health Card Bill	[HCB4896746] /C	Out-Patient/0//Co	llection							
HCB4896746	HCR01	New Issued Healthcard		100.00	1.000	000 100.0		0.00	0.00	100.00
Total Bill Amoun	t (QR) :	100.00								
Pay Mode	Amount (QR)	Charge %	Charge Amount	Received Amt.	Re	Ref. Name		Ref. No		Ref. Date
Debit card	100.00	0.00	0.00	100.00	MASTERCARD (0027) 33749701 488490		001607008			12/06/2024

Collected By : Sumayya Mohammad A S Qureshi Printed By : Sumayya Mohammad A S Qureshi

Collection

MRN:

Location:

HC PHCC

Qatar University

5203123

Printed Date :

12/Jun/2024 08:02 AM

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