



إدارة المالية  
Finance Department

Facility Name: Hamad General Hospital

Collection Receipt

MRN	8979320	QID	31835609172
Patient Name	FAIHA BINTH SALIH (فيحنا صالح)		
Receipt No.	101027966461	Receipt Date	03/09/2024 07:30 AM
Health Card Exp. Date	03/09/2025	Billing Category	RESIDENT (Indian)
Residence Exp. Date	17/05/2025	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 [HCB5030415] /Out-Patient/0//Collection								
HCB5030415	HCR01	New Issued Healthcard	100.00	1.000	100.00	0.00	0.00	100.00
Total Bill Amount (QR)		100.00						

Pay Mode	Amount (QR)	Charge %	Charge Amount	Received Amt.	Ref. Name	Ref. No.	Ref. Date
Debit card	100.00	0.00	0.00	100.00	VISA( 7010 )  21415001 029492	001053006	03/09/2024

Collected By : MARYAM NASSER M.S.AL-YAZEEDI MRN : 8979320 Page 1 of 1

Printed By : MARYAM NASSER M.S.AL-YAZEEDI

Collection

Date : 03/Sep/2024 07:30 AM



HC NUMBER: HC08979320  
NAME : FAIHA BINTH SALIH  
NATIONALITY : Indian  
DOB : 22/05/2018  
GENDER : Female  
HC Expiry :



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NAME : FAIHA BINTH SALIH  
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