

OFFICIAL RECEIPT

Patient Name : LUTH BIN MOHAMAD SHAFIQ
IC / Passport No. : 210119-16-0067 / -
Patient Address : KM 13, KAMPUNG BUKIT TEMBAKAU, UMBAI, 77300 MERLIMAU, MELAKA
Insurance/Corp Name : -
Insurance/Corp Address : -
Remarks : -
Receipt No : RC_1040058
Date/Time : 12-08-2022 10:55 AM
Cashier Name : Counter
Payment Method : ONLINE TRANSFER
Payment Type : Selfpay

Bill No.	Bill Date	Patient MRN	Patient Name	Bill Amount (RM)
S-3344917978	12/08/2022	MRN432	LUTH BIN MOHAMAD SHAFIQ	42.00

BILLED AMOUNT : 42.00

COPAY (LESS) : 0.00

PAID (LESS) : 0.00

AMOUNT PAYABLE : 42.00

AMOUNT TENDERED : 42.00

CHANGE : 0.00

BALANCE AMOUNT PAYABLE : 0.00

KLINIK AL FATIH UMBAI
202201000336 (1446033- F)
JC 7731, JALAN UMBAI IMPIAN
TAMAN UMBAI IMPIAN, 77300,
MERLIMAU, MELAKA