FAMILY PLANNING PAYMENT LEDGER

| Month | | | | | Year | | | | |
|--------------------|-----|------|---------------------|-----------|-------------------------|----------|-------------|-----------------|---------|
| Region | | | | | PHO | | | | |
| Phone Number | | | | | Fax Number | | | Must type in ir | nfo |
| Site Code | | | | | Submitted By | | | Must type in ir | |
| Month | Day | Year | Deposit Number | Patient # | Today's Charges | Previous | Amount Paid | | Balance |
| | | | | | (after adj) | Balance | | Туре | Due |
| | | | | | | | | | \$0.00 |
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| | | | | | | | | | \$0.00 |
| Page Total | | | | | | \$0.00 | - | | \$0.00 |
| Grand Total | | | | | \$0.00 | \$0.00 | \$0.00 | | |
| Total Checks: 0.00 | | | | | | | | | |
| Total Cash: 0.00 | | | | | | | | | |
| | | | al (Cash & Checks): | \$0.00 | | | Page | of | |
| Clerk Signature | | | | | Nurse Manager Signature | | | | |