

To **Dr. V.Sathya Narayanan**
Pediatric Clinic
Messilla Building.

06.12.2020

Dear Dr,

Please find the below statement showing the summary of the outstanding dues as on 30.11.2020 from your clinic.

| Statement of Account | | | | | | |
|----------------------|---|-------|-------|--------|-------------|--------------------|
| Sl.No. | Description | + / - | % | Amount | | |
| A | Clinical Revenue - Oct'20 | | | | - | |
| B | Deductions :- | | | | | |
| 1 | Pharmacy Store Issue | (-) | | | | |
| 2 | Consumbles Store Issue | (-) | | | | |
| 3 | Patient Folder | (-) | | | | |
| 4 | Pharmacy Shop Issue | (-) | | | | |
| 5 | Insurance Patient Discount | (-) | | | | |
| 6 | Internet Chrges | (-) | | | (12.500) | |
| 7 | Rent 50% OF KD.3000/- | (-) | | | (1,500.000) | |
| 8 | Staff overtime charges | (-) | | | | |
| 9 | Consultancy service charges | (-) | | | | |
| 10 | Others | (-) | | | (1,512.500) | (1,512.500) |
| C | Referral Charges :- | | | | | |
| 1 | Laboratory | (+) | 20% | | - | |
| 2 | Radiology | (+) | 20% | | - | |
| 3 | Bonus | (+) | 5% | | | |
| | Total Referral Charges | | | | | - |
| | Total Amount Due to SIH for Nov'20 | | | | | (1,512.500) |
| D | Previous Month Details :- | | | | | |
| | NIL | | | | - | - |
| E | Total Amount Due to SIH as on Nov'20 | | (C+D) | | | (1,512.500) |

You are kindly requested to do the necessary arrangement for the settlement of the above dues.

For your convenience we will be providing you with a payment link to facilitate the settlement process.

Regards,



Hussain Ali Al Omairi
Chief Financial Officer