

Family Planning Payment Ledger

| Month | | | | | | Year | | | | Must type in info Must type in info |
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| Region | | | | | | PHO | | | | |
| Phone Number | | | | | | Fax Number | | | | |
| Site Code | | | | | | Submitted By | | | | |
| Month | Day | Year | Deposit Number | Patient # | Today's Charges (after adj) | Previous Balance | Amount Paid | Payment Type | Balance Due | |
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| | | | Month Total (Cash & Checks): | | | | | | | |
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| Clerk Signature | | | | | Nurse Manager Signature | | | | | |

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