

Advance payment receipt

Hospital Name & Speciality

Address
POSTCODE

Phone Number
Email

Advance receipt / deposit voucher

Receipt No.	Receipt Date and Time
IP No	Bed Number
Date and time: Admission	
Patient Name Member ID / Card No / IP number:	
Patient's address	Patient's Contact No
Payment Type	

Received with Thanks from :
Received an amount of :
Amount in words :

Patients Signature

Authorized Signatory- hospital with seal

Final payment receipt

Hospital Name & Speciality

Address
POSTCODE, Phone Number, Email

Final settlement Receipt

Receipt / bill No.	Receipt Date and Time
IP No	Bed Number
Date and time of discharge:	
Patient Name Member ID / Card No / IP number:	
Patient's address	Patient's Contact No
Payment Type	

Received with Thanks from :
Received an amount of :
Amount in words :

Patients Signature

Authorized Signatory- hospital with seal