

### Hospital Name & Speciality

Address  
POSTCODE

Phone Number  
Email

Bill no.	Bill Date and Time
PAN Number	Service Tax No
IP No	Bed Number
Date and time: Admission	Date and time: Discharge
Patient Name Member ID / Card No / IP number:	
Patient's address	Patient's Contact No

Particulars	Gross Amount	Discount	Net Amount
ROOM RENT SERVICES			
ICU CHARGES			
NURSING / RMO SERVICES			
CONSULTANT VISITS			
MEDICINE & CONSUMABLES			
INVESTIGATION CHARGES			
SURGERY / PROCEDURE CHARGES			
IMPLANTS AND EQUIPMENTS			
MISCELLANEOUS CHARGES			
PACKAGE CHARGES			
ANY OTHER (SPECIFY)			
BILLED AMOUNT			

**Advance payment / deposit voucher receipt details:1.\_\_\_\_\_2.**

\_\_\_\_\_

Received Rs. .... (Rupees ..... only) by cash / cheque  
No.....on date .....towards settlement of the above bill.

Patients Signature

Authorized Signatory- hospital with seal

DETAILED BREAKUP FORMAT

Patient Name		Bill Date	
Provider Bill Number		Address /PAN Number	
Registration No.		Service Tax	
IP No / Bed Number			

Billing Details

SI	No	Date	Code	Particulars	Rate	Nos(Unit)	Amount
1	101001	00/00/89		General Ward Charges	500	1	500
2	401001		XXX	medicine	50	2	100
3	401001		XXX	Medicine Return	50	1	-50
4	23231		XXX	investigation - CBC	300	1	300
5	22434		XXX	consultant charge	500	1	500

Patients Signature

Authorized Signatory-  
Hospital with seal