

Hospital Name

Address:

Contact Info:

Website:



Patient Name:

Age:

Address:

Hospital No.:

Bed No.:

Admission Date:

Consultant:

Discharge Date:

Mode of Payment:

SR#	PARTICULARS	RATE	DISCOUNT	AMOUNT
If you have any questions regarding this invoice, you can contact us on our given address.			Subtotal:	
			Tax Rate:	
			Tax:	
			Med claim:	
			Payments made:	
			Total Bill:	