

## HOSPITAL BILL

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Patient Name : Ayushi

Patient Room : 123

Patient Bill Details		
Medication Type	Description	Price
crocin	crocin	90
Hospital fees		500
Total Amount		590

Thankyou for choosing our hospitalfor your healthcare needs. We have billed your Insurance and the balance due is your responsibility.Please contact our customer care department at (857) 800-3978 with any questions or to set your payments. Thank you