|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hospital Bill Book Format** | | | | | | |
| Bill No.: | | | Bill Date: | | | |
| Name of Patient | | | | | | |
| Address: | | | | | | |
| Date/Time of Admission | | Date/ Time of Discharge: | | | | |
| Name of Treating Doctor | | Department: | | | | |
| Accommodation Type: | | Room No.: | | | | |
| Diagnosis: | | | | | | |
|  | | | | | | |
|
| Sl. No. | Total Professional Fees | Unit | Quantity | Price /Unit | GST (%) | Amount |
| 1 | Blood | Hour | 1 | 50 | 12% | ₹ 56.00 |
| 2 | Oxygen | Hour | 2 | 60 | 12% | ₹ 134.40 |
| 3 | Operation Theater | Hour | 2 | 50 | 12% | ₹ 112.00 |
| 4 | Surgical Appliances | Hour | 3 | 50 | 12% | ₹ 168.00 |
|  | | | | | | |
| Sl. No. | Billing Heads | Unit | Quantity | Price /Unit | GST (%) | Amount |
| 1 | Registration Charges | Hour | 1 | 50 | 12% | ₹ 56.00 |
| 2 | Room Rent | Hour | 2 | 60 | 12% | ₹ 134.40 |
| 3 | Consultant Charges | Hour | 2 | 50 | 12% | ₹ 112.00 |
| 4 | OT Charges | Hour | 3 | 50 | 12% | ₹ 168.00 |
|  | | | | **Sub Total** | | **₹ 940.80** |
| Amount In Words: | | | | Discount: | | ₹ 100.00 |
| **Final Amount:** | | ₹ 840.80 |
| Amount Paid: | | ₹ 100.00 |
| Balance: | | ₹ 740.80 |
| Declaration: | | | | | | |
|  | | | | | | |
| Client's Signature | | | Business Signature | | | |
|
| Thanks for business with us!!! Please visit us again !!! | | | | | | |

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