



Sample of Hospital Bill

Om Hospital

(Reg. No. VMC / HOSP. / REG / 08)

Shree Panta Nagari, Opp. Shani Mandir, Remedi, Vasai (W) - 401 201.

Tel.: 2307171

2307804

2307354

No. **1171**

Date: 13/1/2009

Name Mr./Mrs./Miss: _____

Date of Admission: 5/1/09

Date of Discharge: 13/1/2009

No.	PARTICULARS	Amount
1.	Admission / Emergency / Initial Management Charges ✓	250 - 00
2.	Bed Charges ✓ 200 X 8	1800 - 00
3.	Surgeon Charges - Dr. S. Potdar	14000 - 00
4.	Assist. Charges Instruments	
5.	O. T. Charges ✓	4000 - 00
6.	Anaesthetist's Charges - Dr. Gunglikar	2000 - 00
7.	Nursing Care ✓	900 - 00
8.	INJ. / I.V. Fluid Monitoring ✓	400 - 00
9.	Followup Charges ✓	1800 - 00
10.	Doctor's Visits	
11.	Cardiac Monitor / SpO ₂ Monitor Charges	
12.	Oxygen Charges	
13.	Ventilator Charges	
14.	E. C. G. Charges ✓	150 - 00
15.	Physiotherapy / Phototherapy	
16.	Catheterisation / L.P. Venisection etc. Procedure Charges	200 - 00
17.	Traction / Water Bed / Air Cushion Bed	
18.	Dressing / Sit Bath Charges / Enema	300 - 00
19.	Blood / Plasma Transfusion	
20.	Nebuliser / Steam Inhalation	
21.	Infusion Pump	
22.	RT Charges	2000 - 00
23.	Miscellaneous	2100 - 00
	TOTAL	22,000 - 00
	Advance	
	Balance / Excess	

Thank You!



For Om Hospital

[Signature]

Sample of Pre-numbered cash paid receipt



Om Hospital

Tel.: 2307171
2307804

Om Hospital, Shree Panta Nagari, Opp. Shani Mandir, Remedi, Vasai (W) - 401 201.

No. 118

Date: 13/1/09

Received with thanks from Mr./Mrs. _____

the sum of rupees Twenty Two Thousand Only

In FULL payment on account of Bill No. 1171 Dt - 13/1/09
PART

by CASH Nos. _____
CHEQUE

Rs. 22,000/-

cheque subject to realisation



6