

Apollo Clinic
27 Elgin Road, Kolkata - 411001
GSTIN: ABCTHG1234H1Z5
Telephone: 020-12345678
Email: info@rubyhall.com

Patient Bill No: RHCP20250401001
Date: 2025-04-01 05:00 PM

Patient Details:
Insurance ID: INS77569456
Name: Neha Singh
Father's Name: Rajiv Singh
Aadhaar: 568790723344
Gender: Female
Blood Group: A+
Address: 31, Triangular Road, Kolkata
Phone Number: 9874343872

Hospital Details:
Hospital Name: Ruby Hall Clinic Doctor
Name: Dr. Aditya Moitra
Appointment Time: 2025-04-01 03:00 PM
Disease Name: Cyst
Disease Details: Stage 3

Itemized Charges:
Bed Type: Single Cabin 1000.00 INR
Ventilation: N/A
Medicines: 1. Injections (Tetanus - 3): 3000.00 INR
2. Oral Medication (Paracetamol - 6): 600.00 INR
Other Charges: 1999.00 INR

Total Amount: 91399.00 INR

Payment Details:
Payment Mode: [To be filled by cashier]
Payment Date: [To be filled by cashier]
Amount Paid: [To be filled by cashier]
Balance Due: [To be filled by cashier]

Terms & Conditions:
1. Payment to be made within 7 days.
2. Please retain this bill for future reference.
3. Subject to Pune Jurisdiction.

Thank you for choosing Ruby Hall Clinic.
[Hospital Stamp and Authorized Signatory]