

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

Sl. No.	Billing Heads	Unit	Quantity	Price /Unit	GST (%)	Amount

				Sub Total		
Amount In Words:				Discount:		
				Final Amount:		
				Amount Paid:		
				Balance:		

Declaration:

Client's Signature

Business Signature

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