

HOSPITAL BILL
(Hospital Letter Head)

Bill No:

Bill Date:

Name of Patient _____, Age/Sex _____,

Address _____,

Date / Time of Admission _____, Date / Time of Discharge _____,

Name of Treating Doctor _____, Department _____,

Accommodation Type _____, Room No _____,

Diagnosis: _____,

Code	Billing Heads	Rate	Quantity	Amount in Rs.
1	Room Rent			
2	Nursing Charges			
3	RMO Charges			
4	IV Fluids Administration Charges			
5	Blood Transfusion Administration Charges			
6	Injection Charges			
7	Similar expenses as Above			
	Total Room Rent Services			
1	ICU Rent			
2	ICU Nursing Expenses			
3	ICU RMO charges			
4	IV Fluids Administration Charges			
5	Blood Transfusion Administration Charges			
6	Injection Charges			
7	Similar expenses as Above			
	Total ICU Services			
1	Surgeon Charges			
2	Anesthetist Charges			
3	Medical Practitioner Charges			
4	Consultants Charges			
5	Specialist Charges			
	Total Professional Fee			
1	Anesthesia			
2	Blood			
3	Oxygen			
4	Operation Theater Charges			
5	Surgical Appliances			

Code	Billing Heads	Rate	Quantity	Amount
6	Medicines and Drugs			
7	Diagnostic Materials			
8	General Investigations			
9	Specialized Investigations			
10	Dialysis			
11	Chemotherapy			
12	Radiotherapy			
13	Cost of Artificial Limbs			
14	Cost of Implants			
	Total of Other Expenses			
	Grand Total			
	Patient Paid Amount			
	Balance			