Hospital Bill

BLANK TEMPLATE | Currency: INR

Facility	_____
Patient reference	_____
Bill / issue date	_____
Admission	_____
Discharge	_____
Stay / department	_____
Deposit reference	_____
Billing contact	_____

Description	Quantity	Rate (INR)	Amount (INR)

Subtotal	INR _____
Deposit received (deduct)	INR _____
Remaining amount	INR _____

Fictional minimal patient information. Not an insurer-approved claim form.

Manual amounts: check the facility’s actual charges, deposits and supporting records.