Hospital Bill

ILLUSTRATIVE EXAMPLE - fictional details | Currency: INR

Facility	Example Care Facility
Patient reference	EX-P001 (fictional)
Bill / issue date	HOSP-EX-006 / 12 September 2026
Admission	10 September 2026
Discharge	12 September 2026
Stay / department	Sample ward
Deposit reference	EX-DEP-001
Billing contact	[Facility billing contact]

Description	Quantity	Rate (INR)	Amount (INR)
Room / days	2	1,500.00	3,000.00
Consultation	1	800.00	800.00
Recorded investigation	1	1,200.00	1,200.00

Subtotal	INR 5,000.00
Deposit received (deduct)	INR 2,000.00
Remaining amount	INR 3,000.00

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

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