Your hospital's name

Address · Phone · GSTIN (if any)

FINAL BILL

Bill no. _____ Bill date _____

Patient's name _____ Age and sex _____

UHID _____ IP number _____

Ward and bed _____ Consultant _____

Admitted _____ Discharged _____

Days _____ Who pays _____

Insurer and TPA _____ Policy and claim no. _____

Date	Charge	Qty	Rate	Amount
Room and nursing				
Doctors				
Surgery				
Tests and scans				
Medicines				
Other				

	Details	Amount
Total of all charges		
Less discount	*Approved by*	
Bill amount		
Insurer's share	*If insured, approved through the TPA*	
Advance paid	*Date, mode and receipt number*	
Paid at discharge	*Date, mode, reference and receipt number*	
Balance due or refund		
Amount in words		

Billing staff

Name and signature, with the hospital's stamp

Patient or attendant

Name and signature

Your hospital's name

Address · Phone · GSTIN (if any)

OPD BILL

Bill no. _____ Date and time _____

Patient's name _____ Age and sex _____

UHID _____ Phone _____

Doctor _____ Department _____

Service	Qty	Rate	Amount

	Details	Amount
Total		
Discount		
Paid		
Balance due		
Amount in words		

Bill made by _____

Your hospital's name

Address · Phone · GSTIN (if any)

ADVANCE RECEIPT

Receipt no. _____ Date _____

Patient's name _____ UHID _____

IP number _____ Ward and bed _____

Amount received _____ Paid by _____

Amount in words

_____

Received by

Billing staff, name and signature

SAMPLE: MADE-UP PATIENTS AND SAMPLE CHARGES, NOT REAL RATES

City Hospital

Main Road · Phone 00000 00000

FINAL BILL

Bill no. **FB-000962**
Bill date **30-10-2026**
Patient's name **Ajay Naidu**
Age and sex **28, male**
UHID **PAT-00426**
IP number **IPD-2026-00418**
Ward and bed **General ward, bed G-07**
Consultant **Dr. P. Reddy, General Surgery**
Admitted **27-10-2026, 8:15 pm**
Discharged **30-10-2026, 11:00 am**
Days **3**
Who pays **The patient (no insurance)**
Insurer and TPA **None**
Policy and claim no. **None**

Date	Charge	Qty	Rate	Amount
Room and nursing				
27 to 29 Oct	Ward bed	3 days	1,200	3,600
27 to 29 Oct	Nursing	3 days	400	1,200
Doctors				
28 to 30 Oct	Dr. P. Reddy, ward visits	3	500	1,500
Surgery				
28 Oct	Surgeon's fee, appendix surgery	1	18,000	18,000
28 Oct	Anaesthetist's fee	1	5,000	5,000
28 Oct	Operation theatre	1	6,000	6,000
28 Oct	OT medicines and consumables (list attached)			4,200
Tests and scans				
27 Oct	Blood tests before surgery (list attached)			1,350
27 Oct	Ultrasound, abdomen	1	1,500	1,500
Medicines				
27 to 30 Oct	Medicines sent to the ward (list attached)			5,850
Other				
27 Oct	Admission and registration	1	300	300

	Details	Amount
Total of all charges		48,500
Less discount	Approved by the administrator	500
Bill amount		48,000
Insurer's share	None	
Advance paid	27-10-2026, UPI, ref. 630020265904, receipt R-0571	20,000
Paid at discharge	30-10-2026, card, ref. 220931, receipt R-0598	28,000
Balance due		0
Amount in words	Forty-eight thousand rupees only	

Billing staff
Name and signature, with the hospital's stamp

Patient or attendant
Name and signature

SAMPLE

SAMPLE: MADE-UP PATIENTS AND SAMPLE CHARGES, NOT REAL RATES

City Hospital

Main Road · Phone 00000 00000

OPD BILL

Bill no. **OP-004315**

Date and time **07-11-2026, 10:40 am**

Patient's name **Lakshmi Devi**

Age and sex **54, female**

UHID **PAT-00421**

Phone **00000 00000**

Doctor **Dr. P. Reddy, General Surgery**

Department **General Surgery**

Service	Qty	Rate	Amount
Consultation, review visit	1	500	500
Fasting blood sugar	1	150	150
Wound dressing	1	200	200

	Details	Amount
Total		850
Discount	None	
Paid	UPI, ref. 631110482915	850
Balance due		0
Amount in words	Eight hundred and fifty rupees only	

Bill made by **Front desk**

SAMPLE

SAMPLE: MADE-UP PATIENTS AND SAMPLE CHARGES, NOT REAL RATES

City Hospital

Main Road · Phone 00000 00000

ADVANCE RECEIPT

Receipt no. **R-0571**

Date **27-10-2026**

Patient's name **Ajay Naidu**

UHID **PAT-00426**

IP number **IPD-2026-00418**

Ward and bed **General ward, bed G-07**

Amount received **20,000**

Paid by **UPI, ref. 630020265904**

Amount in words

Twenty thousand rupees only

Received by

Billing staff, name and signature

SAMPLE