

NAME OF HOSPITAL  
HOSPITAL ADDRESS

**INPATIENT- BILL OF SUPPLY**



Bill No	:	[REDACTED]	Bill Date	:	[REDACTED]
DOD	:	[REDACTED]	DOA	:	[REDACTED]
UHID	:	[REDACTED]	IPID	:	[REDACTED]
Patient Name	:	[REDACTED]	Age/Gender	:	[REDACTED]
Doctor	:	[REDACTED]	Department	:	[REDACTED]
Ward/Bed	:	[REDACTED]	Company	:	[REDACTED]
Address	:	[REDACTED]	Mobile	:	[REDACTED]
Reason	:	[REDACTED]			
GST No	:	[REDACTED]			

Service		
Sr No.	Billing Head	NetCharge
1	BED CHARGES	4500.00
2	DOCTOR VISIT	3000.00
3	EQUIPMENT CHARGES	15000.00
4	LAB INVESTIGATIONS	250.00
5	MISCELLANEOUS	3000.00
6	SURGERY	195000.00
7	SURGICAL IMPLANTS	29999.00
		<b>250749.00</b>

Pharmacy Charges		
Sr No	Billing Head	Net Charge
1	PHARMACY	20463.53
		<b>20463.53</b>

Payment					
Sr No.	Date	Receipt No.	Received amt	Refund amt	Payment Mode
1	13-Dec-2023	[REDACTED]	200000.00	0.00	Online
2	14-Dec-2023	[REDACTED]	1213.00	0.00	Online
3	14-Dec-2023	[REDACTED]	70000.00	0.00	Online
		<b>Total:</b>	<b>271213.00</b>	<b>0.00</b>	

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Total Charge(Hospital + Pharmacy)	₹	271213.00
Pharmacy Discount	₹	0.00
Net Charge	₹	271,213.00
Package	₹	0.00
Out of Package	₹	271213.00
Net Amount	₹	271213.00
Mediclaime Deduction	₹	0.00
Mediclaime TDS	₹	0.00
Total Tax	₹	0.00
Paid Amt.	₹	271213.00
Refund Amt	₹	0.00
Due On Bill	₹	0.00

In Words : Two Lac Seventy One Thousand Two Hundred Thirteen Only/-

No Tax Is Payable On Reverse Charge Basis  
User: USER NAME

Print Date: DATE AND TIME  
Signature Of Billing Person :

NAME OF HOSPITAL  
HOSPITAL ADDRESS

**DETAILED BILL**



Bill No	:	[REDACTED]	Bill Date	:	[REDACTED]
DOA	:	[REDACTED]	DOD	:	[REDACTED]
UHID	:	[REDACTED]	IPID	:	[REDACTED]
Patient Name	:	[REDACTED]	Age/Gender	:	[REDACTED]
Doctor	:	[REDACTED]	Department	:	[REDACTED]
Ward/Bed	:	[REDACTED]	Company	:	[REDACTED]
Address	:	[REDACTED]			
GST No	:	[REDACTED]			

Sr No	Date	SAC/HSN	Service Name	Doctor	Rate	Qty	GST(%)	GST(RS.)	Net Charge
<b>1 BED CHARGES</b>									
	13-Dec-2023	1	BED CHARGES - HDU WARD	DOCTOR NAME	4500	1.00	0.00	0.00	4500
									<b>Total:</b>
									4500
<b>2 DOCTOR VISIT</b>									
	13-Dec-2023	158	FIRST DAY VISIT	DOCTOR NAME	3000	1.00	0.00	0.00	3000
									<b>Total:</b>
									3000
<b>3 EQUIPMENT CHARGES</b>									
	13-Dec-2023	155	C-ARM	DOCTOR NAME	5000	1.00	0.00	0.00	5000
	13-Dec-2023	160	OT INSTRUMENT	DOCTOR NAME	10000	1.00	0.00	0.00	10000
									<b>Total:</b>
									15000
<b>4 LAB INVESTIGATIONS</b>									
	13-Dec-2023	90	RANDOM BLOOD SUGAR	DOCTOR NAME	250	1.00	0.00	0.00	250
									<b>Total:</b>
									250
<b>5 MISCELLANEOUS</b>									
	13-Dec-2023	4	ADMISSION CHARGES	DOCTOR NAME	500	1.00	0.00	0.00	500
	13-Dec-2023	5	NURSING CHARGES		1000	1.00	0.00	0.00	1000
	13-Dec-2023	6	RMO CHARGES		1500	1.00	0.00	0.00	1500
									<b>Total:</b>
									3000
<b>6 SURGERY</b>									
	13-Dec-2023	11	SURGEONS CHARGES	DOCTOR NAME	150000	1.00	0.00	0.00	150000
	13-Dec-2023	12	THEATRE CHARGES	DOCTOR NAME	30000	1.00	0.00	0.00	30000
	13-Dec-2023	13	ANAESTHETIST CHARGES	DOCTOR NAME	15000	1.00	0.00	0.00	15000
									<b>Total:</b>
									195000
<b>7 SURGICAL IMPLANTS</b>									
	13-Dec-2023	152	AR-300-B101 BURR CONICAL 13MM 4.3MM	DOCTOR NAME	8091	1.00	0.00	0.00	8091
	13-Dec-2023	153	OEM04364100 AR200-IRRIGATION TUBING SET	DOCTOR NAME	2147	1.00	0.00	0.00	2147
	13-Dec-2023	196	AR-300-B202 BURR STRAIGHT 20MM DIA 3.1MM	DOCTOR NAME	6938	1.00	0.00	0.00	6938
	13-Dec-2023	198	K WIRE 1.2MM X L 150MM	DOCTOR NAME	500	1.00	0.00	0.00	500
	13-Dec-2023	216	AR-64/ST TITANIUM HEADLESS HERBERT SC		386	1.00	0.00	0.00	386
	13-Dec-2023	226			37	1.00	0.00	0.00	11937
									<b>Total:</b>
									29999

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HOSPITAL ADDRESS

## PHARMACY DETAIL BILL

Bill No : [REDACTED] Bill Date : [REDACTED]  
 UHID : [REDACTED] IPID : [REDACTED]  
 UHID(Old) : [REDACTED] Doctor : [REDACTED]  
 Company : [REDACTED] Bed : [REDACTED]  
 DOA : [REDACTED] DOD : [REDACTED]  
 Patient Name : [REDACTED]  
 Address : [REDACTED]  
 GST No : [REDACTED]

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Sr No	Receipt No	Type	Sale			Total Amount
1			13-Dec-2023			
Sr No	Item Name	Batch No	Expiry Date	MRP	Qty	Total Amount
1	DISPOSABLE NEEDLES G 18 X 1.5 PCS	2234360	08/2027	6	1	6.00
2	DISPOSIBLE FACE MASK PCS	E-240..	04/2025	5	1	5.00
3	EMESET 2 ML INJ AMP	A030344	06/2026	13.35	1	13.35
4	GALLANT BLADES . PCS	SWEZOR	12/2026	54	1	54.00
5	INSULIN SYRINGE U-40 PCS	1284691	12/2026	10	1	10.00
6	IV SET PCS	G230720511	06/2028	180	2	360.00
7	N.S 100ML (EURO HEAD) BOTTLE	50630372	04/2026	47.1	1	47.10
8	PANTOCID INJ VIAL	WTZ0092	11/2024	50.4	1	50.40
9	POSIFLUSH 10CC SYR PCS	2362829	12/2025	61	1	61.00
10	R.L. BOTTLE	52030481	06/2026	72.76	1	72.76
11	SUPACEF 1.5GM INJ VIAL	23K02638	03/2025	379.38	1	379.38
12	SURGEON CAP PCS	E-280	08/2026	14	3	42.00
13	SYRINGE 10CC PCS	2304506	03/2028	34	1	34.00
14	SYRINGE 5CC PCS	3020551	12/2027	18	1	18.00
					<b>Total:</b>	<b>1152.99</b>

2		Type	Sale			Total Amount
			13-Dec-2023			
Sr No	Item Name	Batch No	Expiry Date	MRP	Qty	Total Amount
1	IV DRESSING PCS	2210BEO	09/2027	20.1	1	20.10
2	VEIN-O-LINE 10 cm. PCS	g230510818	04/2028	347	1	347.00
3	VENFLONE 20G PCS	3130935	04/2028	283	1	283.00
					<b>Total:</b>	<b>650.10</b>

3		Type	Sale			Total Amount
			13-Dec-2023			
Sr No	Item Name	Batch No	Expiry Date	MRP	Qty	Total Amount
1	ABDOMINAL GAUZE SWAB 25X25CM PCS	ASAP-2	01/2028	155	2	310.00
2	BETADINE SCRUB 7.5% 50ML BOTTLE	MH0233	12/2024	111.44	2	222.88
3	C-ARM COVER INVAMED PKT	202/2209	08/2026	140	1	140.00
4	COTTON GAMJEE 15CM PKT	67238	01/2028	390	3	1170.00
5	CUTASEPT SOLUTION BOTTLE	CY1-22006	11/2025	117	1	117.00
6	DISPOSIBLE FACE MASK PCS	E-240..	04/2025	5	15	75.00
7	ENCORE GLOVES NO 6.5 PCS	230200211T	02/2026	114	3	342.00
8	ENCORE GLOVES NO 7 PCS	2303079605	03/2026	114	7	798.00
9	ENCORE GLOVES NO 7.5 PCS	230601361T	05/2025	114	7	798.00
10	ETHILON NW3328 3-0 PCS	V2052	11/2027	238	1	238.00
11	MICROPORE TAPE 1 INC. PCS	R05231127	06/2028	112	1	112.00
12	MICROPORE TAPE 3 INC. PCS	R1220520	10/2027	306	1	306.00
13	NORMAL SALINE FRESINIUS 100ML BOTTLE	SC4048025	02/2026	19.64	2	39.28
14	POLYDRAPE SHEET LARGE PCS	042322	03/2026	180	3	540.00
15	RAPIDURE WHITE 15CM PKT	22P012	02/2027	219	3	657.00
16	ROLLED BANDABE 10CM PKT	M2204001	12/2025	36	1	36.00
17	ROLLED BANDAGE 15CM PKT	M2304005	05/2027	720	4	2880.00
18	SKIN MARKER (DERMARK) PCS	G230710701	06/2026	356	1	356.00
19	SOFT ROLL 15CM PKT	45	06/2025	120	1	120.00
20	SOFTSWAB GAUZE PICEE 10X10 PKT	0723024L1	06/2028	70	10	700.00
21	STERILLIUM HANDRUB LIQ. BOTTLE	ST123020	04/2026	208	2	416.00
22	SURGEON CAP PCS	E-280	08/2026	14	15	210.00
23	SURGICAL GLOVE 7 PCS	TSPSOP6D23	03/2028	67	1	67.00
24	SURGICAL GLOVE 7.5 PCS	TSPSMC8G23	06/2028	73	2	146.00

25	SURGICAL GLOVES 6 PCS	052020	02/2025	71	1	71.00
26	SYRINGE 20CC PCS	2204507	03/2027	45	1	45.00
27	WOKADINE OINTMENT 15GM PCS	DRBP23002	03/2025	108.6	1	108.60
28	WOKADINE SOL 100ML BOTTLE	N6330017	06/2025	107.5	1	107.50
<b>Total:</b>						<b>11128.26</b>

4

Sr No Item Name		Batch No	Expiry Date	MRP	Qty	Total Amount
1	DISPOSABLE NEEDLE 25G X 1.5 PFS	2046131	02/2027	4.4	1	4.40
2	DISPOSABLE NEEDLE G 24 X 1.5 PCS	G22052084	04/2027	3.3	1	3.30
3	DISPOSABLE NEEDLES G 18 X 1.5 PCS	2234360	08/2027	6	1	6.00
4	ECG ELETRODES 1800 PCS	CPS23222ST2	04/2025	23	5	115.00
5	LOX 2% INJ 20ML VIAL	SM144505	04/2025	34.93	1	34.93
6	MEZOLAM 5MG INJ VIAL	V304484	10/2024	29.56	1	29.56
7	N.S 1000ML BOTTLE	A3733201	07/2026	65.25	1	65.25
8	N.S 100ML (EURO HEAD) BOTTLE	50630372	04/2026	47.1	1	47.10
9	OXY SET (ADULT) 2 MTR PCS	G230340630	02/2028	252	1	252.00
10	OXYGEN MASK (ADULT) 2 MTR PCS	HUDSON OX	12/2026	187	1	187.00
11	R.L. BOTTLE	52030481	06/2026	72.76	1	72.76
12	SPINAL NEEDLE 25 PCS	2212021	11/2027	236.5	1	236.50
13	SYRINGE 10CC PCS	2304506	03/2028	34	2	68.00
14	SYRINGE 2CC PCS	2210329	07/2027	13	1	13.00
15	SYRINGE SCC PCS	3020551	12/2027	18	1	18.00
16	TERMIN INJ VIAL	V307196	05/2025	314	1	314.00
<b>Total:</b>						<b>1466.80</b>

5

Sr No Item Name		Batch No	Expiry Date	MRP	Qty	Total Amount
1	ANAWIN HEAVY INJ 4ML PFS	KP1713633	11/2024	30.45	1	30.45
2	WATER FOR INJ PCS	2225188	11/2025	2.88	2	5.76
<b>Total:</b>						<b>36.21</b>

6

Sr No Item Name		Batch No	Expiry Date	MRP	Qty	Total Amount
1	INJ FENTANYL 5MG (2ML) (FENSTUD) AMP	27422309	04/2026	63.3	1	63.30
<b>Total:</b>						<b>63.30</b>

7

Sr No Item Name		Batch No	Expiry Date	MRP	Qty	Total Amount
1	ANETOL (FFS) 100ML BOTTLE	ABJ0147	05/2025	501.32	2	1002.64
2	BATH WIPES PKT	G230570003..	09/2024	280	1	280.00
3	DYNAPAR INJ 1ML PFS	D235475	10/2024	36	2	72.00
4	EMESET 2 ML INJ AMP	A030344	06/2026	13.35	3	40.05
5	GABAPIN 100MG TAB STRIP	N2302439	07/2025	142	1	142.00
6	N.S 100ML (EURO HEAD) BOTTLE	50630372	04/2026	47.1	6	282.60
7	POSIFLUSH 10CC SYR PCS	2362829	12/2025	61	2	122.00
8	SUPACEF 1.5GM INJ VIAL	23K02638	03/2025	379.38	2	758.76
9	SYRINGE 10CC PCS	2304506	03/2028	34	2	68.00
10	TRAMAZAC INJ*** PFS	N201156	10/2024	11.77	2	23.54
<b>Total:</b>						<b>2791.59</b>

8

Sr No Item Name		Batch No	Expiry Date	MRP	Qty	Total Amount
1	N.S 500ML (FRESENIUS) BOTTLE	OD22010023	10/2025	34.83	2	69.66
2	R.L. BOTTLE	OD23070089	09/2026	63.27	2	126.54
<b>Total:</b>						<b>196.20</b>

9

Sr No Item Name		Batch No	Expiry Date	MRP	Qty	Total Amount
1	SHELICAL 500I	13	06/2025	131.3	1	131.30
2	UPRISE-D3 60	85	07/2025	413.55	1	413.55
<b>Total:</b>						<b>544.85</b>

10

Sr No Item Name		No	Expiry Date	MRP	Qty	Total Amount
1	IV DRESSING	0	09/2027	20.1	1	20.10

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2	VEIN-O-LINE 10 cm. PCS	g230510618	04/2028	347	1	347.00
3	VENFLONE 22G PCS	2176900	05/2027	258	1	258.00
					<b>Total:</b>	<b>625.10</b>

11	<b>Sr No Item Name</b>	<b>Batch No</b>	<b>Expiry Date</b>	<b>MRP</b>	<b>Qty</b>	<b>Total Amount</b>
	1 WATER FOR INJ PCS	2225188	11/2025	2.88	1	2.88
					<b>Total:</b>	<b>2.88</b>

12	<b>Sr No Item Name</b>	<b>Batch No</b>	<b>Expiry Date</b>	<b>MRP</b>	<b>Qty</b>	<b>Total Amount</b>
	1 FENTANYL TRANSDERMAL PATCH 25MCG (FENSTUD) PKT	27492205	06/2025	500	1	500.00
					<b>Total:</b>	<b>500.00</b>

13	<b>Sr No Item Name</b>	<b>Batch No</b>	<b>Expiry Date</b>	<b>MRP</b>	<b>Qty</b>	<b>Total Amount</b>
	1 INJ FORTRAYS 1ML AMP	AE23003	02/2025	69	1	69.00
	2 PANTOCID INJ VIAL	WTZ0092	11/2024	50.4	1	50.40
	3 PHENERGAN INJ* PFS	AHH0193	06/2025	12.19	1	12.19
					<b>Total:</b>	<b>131.59</b>

14	<b>Sr No Item Name</b>	<b>Batch No</b>	<b>Expiry Date</b>	<b>MRP</b>	<b>Qty</b>	<b>Total Amount</b>
	1 COTTON GAMJEE 15CM PKT	67232..	02/2026	390	1	390.00
	2 ROLLED BANDAGE 15CM PKT	M2304005	05/2027	720	2	1440.00
	3 SOFTSWAB GAUZE PIECE 10X10 PKT	0723024L	06/2028	70	1	70.00
	4 SURGICAL GLOVE 7.5 PCS	TSPSMC8G23	06/2028	73	1	73.00
	5 ZIG-ZAG COTTON PKT	ZIGZAG	02/2025	500	1	500.00
					<b>Total:</b>	<b>2473.00</b>

15	<b>Sr No Item Name</b>	<b>Batch No</b>	<b>Expiry Date</b>	<b>MRP</b>	<b>Qty</b>	<b>Total Amount</b>
	1 SURGICAL BLADE NO 11 PCS	FC052	02/2028	7.2	1	7.20
					<b>Total:</b>	<b>7.20</b>

16	<b>Sr No Item Name</b>	<b>Batch No</b>	<b>Expiry Date</b>	<b>MRP</b>	<b>Qty</b>	<b>Total Amount</b>
	1 ANETOL (FFS) 100ML BOTTLE	ABJ0147	05/2025	501.32	1	-501.32
	2 BATH WIPES PKT	G230570003..	09/2024	280	1	-280.00
	3 DYNAPAR INJ 1ML PFS	D235475	10/2024	36	2	-72.00
	4 EMESET 2 ML INJ AMP	A030344	06/2026	13.35	1	-13.35
	5 N.S 100ML (EURO HEAD) BOTTLE	50630372	04/2026	47.1	4	-188.40
	6 N.S 500ML (FRESENIUS) BOTTLE	OD22010023	10/2025	34.83	2	-69.66
	7 POSIFLUSH 10CC SYR PCS	2362829	12/2025	61	1	-61.00
	8 R.L. BOTTLE	OD23070089	09/2026	63.27	1	-63.27
	9 SYRINGE 10CC PCS	2304506	03/2028	34	1	-34.00
	10 TRAMAZAC INJ*** PFS	N201156	10/2024	11.77	2	-23.54
					<b>Total:</b>	<b>-1306.54</b>

Operator: OPERATOR NAME

Print Date: DATE AND TIME



Total Pharmacy Amount	20,464.00
Total Hospital Amount	250,749.00
IGST	0.00
SGST	0.00
CGST	0.00
Hospital Discount	0.00
Pharmacy Discount	0.00
Net Charge	271,213.00
Package	0.00
Net Amount	271,213.00

NAME OF HOSPITAL  
HOSPITAL ADDRESS

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### Online Receipt

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Date : ██████████  
UHID : ██████████  
Patient Name : ██████████  
Mobile no. : ██████████  
Company : ██████████  
Doctor : ██████████  
Bank Name : ██████████  
GST No : ██████████

Receipt No : ██████████  
IPID : ██████████  
Age/Gender : ██████████  
Guardian Name : ██████████  
Ward/Bed : ██████████  
Department : ██████████  
Reference No : ██████████

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(Receiver's Signature)

**Net Amount: ₹ 70000.00/-**  
Rupees In Words : Rupees Seventy Thousand Only

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User: USER NAME

Print Date : DATE AND TIME

HOSPITAL  
STAMP WITH  
DOCTOR  
SIGNATURE

NAME OF HOSPITAL  
HOSPITAL ADDRESS

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### Online Receipt

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Date	:	[REDACTED]	Receipt No	:	[REDACTED]
UHID	:	[REDACTED]	IPID	:	[REDACTED]
Patient Name	:	[REDACTED]	Age/Gender	:	[REDACTED]
Mobile no.	:	[REDACTED]	Guardian Name	:	[REDACTED]
Company	:	[REDACTED]	Ward/Bed	:	[REDACTED]
Doctor	:	[REDACTED]	Department	:	[REDACTED]
Bank Name	:	[REDACTED]	Reference No	:	[REDACTED]
GST No	:	[REDACTED]			

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(Receiver's Signature)

**Net Amount: ₹ 200000.00/-**  
**Rupees In Words : Rupees Two Lac Only**

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**User:** USER NAME

**Print Date :** DATE AND TIME

HOSPITAL  
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DOCTOR  
SIGNATURE

NAME OF HOSPITAL  
HOSPITAL ADDRESS

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**Online Receipt**

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Date	:	[REDACTED]	Receipt No	:	[REDACTED]
UHID	:	[REDACTED]	IPID	:	[REDACTED]
Patient Name	:	[REDACTED]	Age/Gender	:	[REDACTED]
Mobile no.	:	[REDACTED]	Guardian Name	:	[REDACTED]
Company	:	[REDACTED]	Ward/Bed	:	[REDACTED]
Doctor	:	[REDACTED]	Department	:	[REDACTED]
Bank Name	:	[REDACTED]	Reference No	:	[REDACTED]
GST No	:	[REDACTED]			

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(Receiver's Signature)

**Net Amount: ₹ 1213.00/-**

**Rupees In Words : Rupees One Thousand Two Hundred Thirteen Only**

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**User:** USER NAME

**Print Date :** DATE AND TIME

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STAMP WITH  
DOCTOR  
SIGNATURE