

Hospital Invoice Receipt

Sample Hospital Name
123 Health Ave, Wellness City
Phone: (000) 123-4567 | Email: info@hospital.com

Invoice No: INV-000123
Date: 2024-06-30
Patient ID: PAT-45678
Admission: 2024-06-28
Discharge: 2024-06-30
Patient Name: John Doe
Age/Gender: 35 / M
Doctor: Dr. Jane Smith
Room No: 203B

#	Description of Service	Qty	Unit Price	Amount
1	Room Charges (2 Days)	2	1000	2000
2	Consultation	1	500	500
3	Medication	1	800	800
4	Lab Tests	1	400	400

Subtotal
3700

Tax (5%)
185

**Total
3885**

Paid
3885

Balance
0

Patient's Signature

Cashier / Authorized Signature

Thank you for choosing our hospital. Get Well Soon!