

# City General Hospital

123 Medical Avenue, Health City, Country

Phone: (123) 456-7890

## Billing Receipt

Receipt No:

Date:

Patient Name:

Patient ID:

Doctor:

Department:

Service Description	Quantity	Unit Price	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>			<input type="text"/>

Payment Method:

Received By:

Thank you for choosing City General Hospital.