

Itemized Hospital Bill

Item No.	Description	Date	Quantity	Unit Cost	Total
1	Room Charges	2024-06-10	3 nights	\$220.00	\$660.00
2	Laboratory Tests	2024-06-11	5	\$30.00	\$150.00
3	Medicines	2024-06-10	8	\$15.00	\$120.00
4	Surgery Fee	2024-06-12	1	\$1200.00	\$1200.00
Grand Total					\$2130.00

Payment Details

Patient Name:

Patient ID:

Payment Method:

Date of Payment: