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# Hospital Cash Paid Receipt Format

**XYZ Hospital**

**123 Health Street, Wellness City, India 110011**

**Phone: +91 22 1234 5678**

**Email: billing@xyzhospital.in**

**Cash Paid Receipt**

**Receipt No.: 001234**

**Date: 05-Jul-2024**

**Patient Information:**

- **Name:** John Doe
- **Patient ID:** 123456
- **Date of Admission:** 01-Jul-2024
- **Date of Discharge:** 05-Jul-2024

**Payment Details:**

<b>Description</b>	<b>Amount (₹)</b>
Room Charges	₹12,000.0 0

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Surgery Charges	₹50,000.00
Anesthesia Charges	₹15,000.00
Medication Charges	₹3,500.00
Laboratory Charges	₹3,000.00
Miscellaneous Charges	₹5,000.00

**Total Amount Paid: ₹88,500.00**

**Payment Method:**

- **Cash: ₹88,500.00**

**Received By: [Authorized Person's Name]**

**Signature: \_\_\_\_\_**

**Thank you for choosing XYZ Hospital. Get well soon!**