

Surgery Hospital Bill Receipt

General Hospital

123 Heath St., Wellness City, HC 12345

Phone: (555) 123-4567

Email: billing@generalhospital.com

Patient Information:

- **Name:** John Doe
- **Patient ID:** 123456
- **Date of Admission:** 2024-07-01
- **Date of Discharge:** 2024-07-05

Billing Information:

| Description | Quantity | Unit Price | Total Price |
|---------------------------|-----------------|-------------------|--------------------|
| Room Charges | 4 days | \$300/day | \$1,200.00 |
| Surgery Charges | 1 | \$5,000.00 | \$5,000.00 |
| Anesthesia Charges | 1 | \$1,500.00 | \$1,500.00 |
| Medication Charges | | | |

| | | | |
|------------------------------|----------|-----------|----------|
| - Painkillers | 10 doses | \$20/dose | \$200.00 |
| - Antibiotics | 5 doses | \$30/dose | \$150.00 |
| Laboratory Charges | | | |
| - Blood Test | 1 | \$100.00 | \$100.00 |
| - X-Ray | 1 | \$200.00 | \$200.00 |
| Miscellaneous Charges | | | |
| - Nursing Service | 4 days | \$50/day | \$200.00 |
| - Equipment Usage | 1 | \$300.00 | \$300.00 |

Total Amount: \$8,850.00

Payment Information:

- **Insurance Coverage:** \$5,000.00
- **Patient Payment:** \$3,850.00

Payment Methods:

- **Credit Card:** \$3,850.00

Thank you for choosing General Hospital. Get well soon!