

**IFFCO TOKIO BILL CUM RECEIPT FORMAT**

**HOSPITALIZATION DETAILS**

1	Hospital Name	.....	Hospital NSP Code:	.....
2	Address		Hospital PIN Code:	
3	Bill no.		Bill Date and Time	
4	PAN Number		Service Tax No	
5	IP No		Bed Number	
6	Date and time:Admission		Date and time: Discharge	
7	Patient Name		Member ID / Card No.	
8	Patient's address		Patient's Contact No	
9	Cashless Issued Amount		Name of Insurance Co:	

**BILL SUMMARY (Detailed Break up to be provided separately as per hospital format)**

SI No	Particulars	Gross Amount	Discount	Net Amount
1	ROOM RENT SERVICES			
2	ICU CHARGES			
3	NURSING / RMO SERVICES			
4	CONSULTANT VISITS			
5	MEDICINE & CONSUMABLES			
6	INVESTIGATION CHARGES			
7	SURGERY / PROCEDURE CHARGES			
8	IMPLANTS AND EQUIPMENTS			
9	MISCELLANEOUS CHARGES			
10	PACKAGE CHARGES			
11	ANY OTHER (SPECIFY)			
12	<b>BILLED AMOUNT:</b>			

1	Net Bill Amount after discount(A)	
2	Cashless Authorized (B)	
3	Service Tax ( C ) = (B*10.3%)	
4	To be paid by Insurer: B + C	
5	To be Paid By Patient ( A -B)	

**PATIENT'S PAYMENT RECEIPT**

Received Rs. .... (Rupees ..... only)  
 by cash / cheque No.....on date ..... towards settlement of the above bill.

Patients Signature

Authorized Signatory- hospital with seal