DETAILED BREAKUP FORMAT

PART-I

Provider Name		Bill Number	
Provider Registration No.		Bill Date	
Address		PAN Number	
IP No.		Service Tax Regn. No.	
Patient Name		Date of Admission	
Payer Name	XXXX Insurance Company Ltd	Date of Discharge	
Member Address		Bed Number	

Billing Details

Sl No	Date	Code	Particulars	Rate	Nos(Unit)	Amount
1		101001	General Ward Charges	500	1	500.00
2		401001	XXX medicine	50	2	100.00
3		401001	XXX Medicine – return	50	-1	-50.00