

Emergency Room Services Receipt

Receipt No.:
ER-2024-01123
Date & Time:
2024-06-05 14:37
Patient ID:
PAT-558986
Patient Name:
Jane Doe
Attending Physician:
Dr. Samir Patel
Hospital Name:
Cityville General Hospital

Service Details

Service Description	Qty	Unit Price	Amount
Emergency Room Registration	1	â,±500.00	â,±500.00
Consultation Fee	1	â,±1,200.00	â,±1,200.00
IV Injection	1	â,±450.00	â,±450.00
Laboratory Test (CBC)	1	â,±300.00	â,±300.00
X-ray Chest	1	â,±800.00	â,±800.00

Subtotal â,±3,250.00

Less: Discount â,±0.00

VAT (12%) â,±390.00

Total Amount â,±3,640.00

Amount Paid â,±3,640.00

Payment Method Credit Card

Important Notes:

- This receipt is issued as proof of emergency medical services received and payment made.
- Keep this document for insurance claims and hospital record verification.
- All services listed are subject to the terms and conditions of the healthcare facility.
- For concerns regarding this receipt, contact the hospital accounting office within 7 days of issuance.
- Receipt is void if altered or tampered with.