

Inpatient Admission Receipt

ABC General Hospital

123 Health Avenue, Wellness City, 56789

Phone: (012) 345-6789

Email: info@abcregionalhospital.com

Receipt No: INP-024578

Date: 2024-06-23

Time: 09:15 AM

Patient Details

Patient Name:	John Doe	Patient ID:	GH123456
Gender:	Male	Age:	45
Contact:	+123 456 7890	Address:	45 River Lane, Wellness City

Admission Details

Admission Date & Time:	2024-06-23, 08:30 AM	Ward/Room:	Ward A / Room 203
Consultant:	Dr. Jane Smith	Diagnosis/Reason:	Acute Appendicitis

Payment Details

Admission Fee:	\$200
Advance Paid:	\$1,000
Payment Method:	Credit Card (**** 4567)

Received By

Staff Name:	Susan Miller	Designation:	Admission Desk Clerk
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Patient/Guardian Signature

Authorized Hospital Signature

Important Notes

- This receipt acknowledges the admission and advance payment for inpatient services.
- Please preserve this document for future reference and billing clearance.
- Final settlement will be done at the time of discharge as per actual services availed.
- All payments are non-transferable and subject to hospital policies.
- Contact the hospital administration for queries or discrepancies.