

Diagnostic Test Billing Sheet

Patient Name: John Doe
Patient ID: P12345
Date: 2024-06-24
Ref. Physician: Dr. Jane Smith

#	Test Name	Test Code	Quantity	Unit Price	Total
1	Complete Blood Count (CBC)	CBC001	1	50.00	50.00
2	X-Ray Chest	XR101	1	80.00	80.00
3	Lipid Profile	LP112	1	70.00	70.00
					Grand Total 200.00

Payment Method: Credit Card
Amount Paid: 200.00
Balance Due: 0.00

Important Notes:

- Ensure all patient and physician details are correct before finalizing billing.
- All charges are subject to institutional policies and may vary based on agreements.
- This sheet must be presented at the time of sample collection or test.
- Retain a copy for your records and for future reference if needed.