

# Emergency Room Bill

CityCare General Hospital

123 Health Avenue

Metropolis, ST 12345

Phone: (555) 123-4567

**Bill No:** ERB-2024-0678

**Date:** 2024-06-15

**Patient Name:** John Doe

**Date of Admission:** 2024-06-14

**Date of Discharge:** 2024-06-15

## Services & Charges

Description	Quantity	Unit Price	Total
Emergency Room Consultation	1	\$200.00	\$200.00
IV Fluids & Supplies	1	\$75.00	\$75.00
Laboratory Tests	2	\$60.00	\$120.00
X-Ray Imaging	1	\$150.00	\$150.00
Medication	3	\$30.00	\$90.00

Subtotal:	\$635.00
Insurance Adjustment:	-\$200.00
<b>Amount Due:</b>	<b>\$435.00</b>

## Payment Instructions

Payments can be made via bank transfer, credit card, or in person at the billing office. For questions, please contact our billing department at (555) 123-4568.

## Important Notes

- This emergency room bill is for services rendered during your recent visit.
- If you have insurance, coverage amounts are reflected as adjustments.
- Retain this document for your records and insurance claims.
- Contact the billing department immediately if you spot any discrepancies.
- Payment is due within 30 days of the bill date unless otherwise arranged.