

Medical Billing Format

400+ Free Excel Invoice Templates

Uniform Software

Template#: c5074
Paper Size: A4 (210 mm x 297 mm)
Service Invoice Templates

Scroll down to find the PDF invoice on the next page.

Hospital Name

slogan

Street Address

City, ST ZIP Code

Phone Number, Web Address, etc.



INVOICE #:

Patient

Hospital No Age

Name Consultant

Address Payment Mode

Bed No

Admission Date

Phone Discharge Date

Email

#	PARTICULARS	QTY	RATE	AMOUNT
ov	office visit	1	15.00	15.00
bd	blood draw			
im	immunization			
va	vaccine			
				45.00
				15.00
			SUBTOTAL	30.00
		TAX		2.40
		1700	Med Claim	-
NOTES:				
			TOTAL	32.40
			PAID	-
			TOTAL DUE	32.40

THANK YOU FOR YOUR BUSINESS!