

Hospital Patient Billing Exit Clearance Form

Patient Information

Patient Name

Patient ID

Date of Admission

Date of Discharge

Department

Consultant

Room / Ward

Billing Details

Service	Description	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Bill Amount

Amount Paid

Balance Due

Clearance Section

Billing Officer Name

Signature

Date

