

CERTIFICATE FORM 'D'

(CERTIFICATE OF EXPENDITURE INCURRED IN DETAILS FOR THE
GOVERNMENT SERVANT FOR EMERGENCY IN PRIVATE HOSPITAL)
(TO BE FILLED IN BY TREATING DOCTOR AND TO ATTACH WITH
ANNEXURE 'C')

Name of Patient :
Date of Admission :
Date of Discharge :
Hospital Registration No. :
Bed Cat :

A)	CHARGES	
1)	i) Admission Charges w.e.f. to @ Rs.	
	ii) Total Dayas	
2)	Surgeon Charges / Dr. Charges	
3)	Assistant Charges Dr.	
4)	Anesthesia Charges	
5)	Operation Theatre Charges	
6)	O.T. Assistant Charges	
7)	Anesthesia Assistant Charges	
8)	Nursing Charges	
9)	INS. Infusion and Transfusion Charges	
10)	Vist Charges @ Rs. Total Vists	
11)	Special Visits by Dr.	
12)	Monitor Charges	
13)	Pathology Charges	
14)	Oxygen Charges	
15)	Puls Oxy. Charges	
16)	Radiology Charges	
	Total (A)	

Place:
Date:

Signature of Medical Officer
Hospital Stamp

