

CERTIFICATE FORM 'D'

(CERTIFICATE OF EXPENDITURE INCURRED IN DETAILS FOR THE
GOVERNMENT SERVANT TREATED 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 Days	
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)	Visit Charges @ Rs. Total Visits	
11)	Special Visits by Dr.	
12)	Monitor Charges	
13)	Pathology Charges	
14)	Oxygen Charges	
15)	Pulse Oxy.Charges	
16)	Radiology Charges	
	Total of (A)	

Place:

Date:

Signature of Medical Officer

Hospital Stamp