

## Form-D

**CERTIFICATE OF EXPENDITURE INCURRED (IN DETAILS) FOR THE GOVT. SERVANT  
TREATED FOR EMERGENCY IN PRIVATE HOSPITAL**  
(To be filled in by treating Doctor and to be attached to Annexure 'C')

Name of Patient : \_\_\_\_\_

Date of Admission : \_\_\_\_\_

Date of Discharge : \_\_\_\_\_

Hospital Registration No : \_\_\_\_\_

### CHARGES

(A) 1) Consultation : \_\_\_\_\_

2) Indoor Charge from \_\_\_\_\_ to \_\_\_\_\_ total days  
At the rate of Rs. \_\_\_\_\_ Per day

3) Operation Charges \_\_\_\_\_

4) Operation Theater Charges \_\_\_\_\_

5) Anesthesia Charge \_\_\_\_\_

6) Visits a) Routine No.: \_\_\_\_\_ at Rs. \_\_\_\_\_ Per visit.

b) Special to Dr. \_\_\_\_\_ No. \_\_\_\_\_  
at Rs. \_\_\_\_\_ Per visit

Referrals to Dr. \_\_\_\_\_ No. \_\_\_\_\_

at Rs. \_\_\_\_\_ Per visit \_\_\_\_\_

7) Use of Incubator at Rs. \_\_\_\_\_ Per day for \_\_\_\_\_ days

8) Use of Monitor at Rs. \_\_\_\_\_ Per day for \_\_\_\_\_ days

9) Investigations: a) Pathology Lab. \_\_\_\_\_

b) X-rays \_\_\_\_\_ No. \_\_\_\_\_

c) E.C.G. \_\_\_\_\_ at Rs. \_\_\_\_\_ Per ECG \_\_\_\_\_

d) Others \_\_\_\_\_

**(A) Total:** \_\_\_\_\_

### **(B) Medicines:**

Sr. No	Name of Medicine	Cost of Medicine

**(B) Medicine Total Rs.** \_\_\_\_\_

**Grand Total (A+B) = Rs.** \_\_\_\_\_

**Place:**

**Date:**

**Signature:** \_\_\_\_\_

**Name Of the Doctor:** \_\_\_\_\_

**Qualification:** \_\_\_\_\_

**Registration No:** \_\_\_\_\_

**Name Of the Hospital:** \_\_\_\_\_