TAX INVOICE

GST invoice format for a hospital

Supplier name	Your business name	**Customer name**	Customer / business name
Address	Shop/office address, city, state, PIN	**Customer address**	Billing address
GSTIN	27ABCDE1234F1Z5	**Customer GSTIN**	If registered (B2B)
Invoice no.	INV/25-26/0001	**UHID / IP number**	
Invoice date	DD/MM/YYYY	**Admission and discharge dates and times**	
Place of supply	State name (state code)	**Room category and daily tariff**	
		Treating consultant and department	
		TPA / insurer and policy details	
		Package name, if any	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	Surgeon's fees — laparoscopic appendectomy	999311	1 NOS	45,000.00	45,000.00	0%	0.00	0.00	45,000.00
2	ICU charges	999311	1 DAY	9,000.00	9,000.00	0%	0.00	0.00	9,000.00
3	Private room rent (■6,000 per day, non-ICU)	999311	2 DAY	6,000.00	12,000.00	5%	300.00	300.00	12,600.00
4	Laboratory investigations during stay	999316	1 NOS	4,500.00	4,500.00	0%	0.00	0.00	4,500.00
5	Discharge medicines from hospital pharmacy (antibiotic tablets)	3004	3 STRIP	180.00	540.00	5%	13.50	13.50	567.00
								Taxable	71,040.00
								GST	627.00
								Total (Rs.)	**71,667.00**

Inter-state sale? Replace CGST + SGST with IGST at the full GST rate.

Amount in words: _____

Bank / UPI details: _____

Declaration: We declare that this invoice shows the actual price of the goods/services described and that all particulars are true and correct.

For (Supplier name) — Authorised signatory

Free template from billingsoftware.co (Billing Software by Betterwork)