Patient Identification (For mechanical imprinting, typewriter or hand entry)	Date of Admission/ Outpatient Time	Authority for Admission/Outpatient Time	Patient Category

Invoice Mailing Address (Include ZIP Code)

Control Codes (Post Appropriate code to PATIENT'S DAILY HOSPITAL RECORD below)

A - Admission
B - On Pass
C - Leave
D - Discharge
(In excess of 24 hours but less than 72 hours)
E- AWOL
H - Patient Category Change
K - TDF on RCS
O - Outpatient Clinic Visit
R- Remaining in Hospital (End of Month ONLY)
S - Subsisting Elsewhere
T- Continuing Hospitalisation (First Day of Month ONLY)

Patient's Daily Hospital Record

Day of month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month																															
Month																															
Month																															

Daily Rate of Charges

Hospital	Subsistence Only	Outpatient Charge

Billing Data

Date	Description (Enter period covered by charges, etc.)	Total Days	Days Credit	Days Charged	Charges: Invoice or Bill No.	Charges: Hospitalisation	Charges: Other	Charges: Total	Payment Received	Balance Due

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