

DECONT CHELTUIELI

Pacient:		F.O.:	
CNP:			
Perioada:			

CHELTUIELI SPITAL

Cheltuieli PERSONAL/ luna:		Cost med. / pacient:		Utilizare paturi (zile/luna):	
Chelt MATERIALE/ luna:		Cost med. / zi spitalizare:		Durata medie de spitalizare:	
Cost hrana / zi		Alocatie hrana/zi		Materiale santare/pacient	
Zile spitalizare:					
Cost spitalizare:					
Cost medicamente:					
Cost investigatii:					
TOTAL					

CHELTUIELI CO-PLATA

Nr	MEDICAMENTE / MAT SANITARE	PRET
1		
2		
3		
4		
5		
6		
7		
8		
9		
TOTAL CHELTUIELI CO-PLATA		

Intocmit

Medic curant.....