

# SIMS HOSPITAL

LINK ROAD BETUL

9977018941

Licence No. :MP-24094				
Estimat No.		93/2023-24		
Date		2024-01-31	Age	60Y Year
Patient Name		MRS JAYDA SEKH	Gender	Male
Admission Date		2024-01-31	Discharge Date	2024-02-01
SNo.	Billing Head.	Rate	Quantity	Amount
1	GENERAL BED	800	1	800
2	CONSULT(DR.)	1000	2	2000
3	NURSING FEES	500	1	500

Total Amount

3300 Rs.

In Word : three thousand three hundred Rupees



Signature

## Payment Receipt

Number : 93

Received From : MRS JAYDA SEKH

Amount : 3300.00

Total In Word : three thousand three hundred Rupees

By :

Signature