

SIMS HOSPITAL

LINK ROAD BETUL

9977018941

Licence No. :MP-24094

Estimat No. 19/2023-24

Date 2024-03-08

Patient Name UMAM

Admission Date 2024-03-08

Age 43 Year

Gender Male

Discharge Date 2024-03-11

SNo.	Billing Head.	Rate	Quantity	Amount
1	VACCINATION	2500	1	2500
2	BABY TR.	200	1	200
3	BED & NURSING	200	3	600
4	ANESTH. CHARGE	100	1	100
5	ASSIST. CHARGE	1500	1	1500

Total Amount

4900 Rs.

In Word : four thousand nine hundred Rupees



Signature

Payment Receipt

Number : 19

Received From : UMAM

Amount : 4900.00

Total In Word : four thousand nine hundred Rupees

By :

Signature

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