



BILL DETAILS

Bill Number : DMH / 2016-17 / 9999 Date : 25-01-2017
Reference Number : DMHHC002473 / E022884 Professional Name : Dr Berry Nikhil / 8411819057



PATIENT DETAILS

Name : Amod Gaikwad Mobile: 8411819057
Residential Address: Permanent Address:



Service Details

| Service | Recommended Service | Date (From/To) | Time(From/To) | Cost |
|---------------|-----------------------|--------------------------|----------------------|-----------|
| Physiotherapy | Orthotic Prescription | 26-01-2017 to 28-01-2017 | 12:30 AM to 01:30 AM | 1500.00/- |

TOTAL ESTIMATED COST: 1500/-

AMOUNT IN WORDS: Rupees One Thousand, Five Hundred Only

Company's Bank Detail:

Bank Name:HDFC BANK C.C A/C - 50200010027418
A/C No. : 50200010027418
Branch & IFS Code: BHANDARKAR ROAD & HDFC0000007

Declaration:

We declare that this Bill shows the actual prise of the services described and that all particulars are true and correct.



PATIENT PAYMENT RECEIPT DETAILS

Receipt Number:E022884 / 2016-17 / 22884

Received From: Amod Gaikwad

Received Rs. :1500.00

Type Of Transaction:Payment

Mode Of Transaction:Card

Remark:

towards11 settlement of the above bill.

Rupees:One Thousand, Five Hundred

Only

Of Date :2017-01-25 14:01:10

Address:

Office No 5,Bhosale House Apts, Karve Road Pune, Maharashtra,411004, Email : Info@sperohealthcare.in,
Website:WWW.Sperohealthcare.in, Phone :7620400100

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