Name & Address of Insurance Co. NATIONAL Ins. Co. A/c. Anmol Medicare Ltd.	Bill No.	ST015
	Bill Date	18-7-10
	Case No.	—
	IPD/Regn. No.	737
Name of the Patient Jayantilal Shah.	Admission Date	18-7-10
	Discharged Date	18-7-10.

& Address of Pt. :-

INDOOR TREATMENT CHARGES SUMMARY

Particulars	Service Tax Rate	Fees Amount	Service Tax	Total Amount
Operative DR. Haymukh Vora	10-3.1.	22000.	2266	24266.
O-T Theeter.	10-3.1	5000.	515	5515
Anesthasia DR. Niraj	10.3.1.	3000.	309	3309
Sushrusha Dignostic	10-3.1.	1500.	155	1655
Sushrusha Medical.	10-3.1	1308.	135	1443
Stay chege 1000X2	10-3.1.	2000	206	2206
TOTAL		34808	3586	38394

AMOUNT IN WORDS RUPEES : Thirty eight thousand Threehundred Ninety four M

Pan No. : AACFN4811E
Service Tex Regn No. : AACFN4811ESD001
Service Category : Service Provider

Subject to <Name of State> Jurisdiction
E. & O. E.

Signature and Stamp