

FOR USE OF MEDICAL CENTRE ONLY

CERTIFY THAT CHARGES CLAIMED ARE REASONABLE AND THE SAME MAY BE REIMBURSED AS PER MEDICAL RULES

DOCTOR'S REMARK FOR PASSING/DEDUCTION OR QUERRY

CO.'S DOCTOR'S SIGNATURE _____

DOCTOR'S CODE NO. _____ DATE : _____

	PARTICULAR OF PAYMENT	
	AMOUNT CLAIMED	
	DEDUCTION	
	NET PAYABLE	

NET AMOUNT PASSED FOR PAYMENT Rs. IN WORDS

PAY Rs.	LAKH	THOUSAND	HUNDRED	TEN	ONE	
						ONLY

PASSED BY MEDICAL CENTRE _____

Jr. Acctt.

Sr. A.O.

REMARKS IF ANY :-
