

## BILL AND RECEIPT

**Narayana Health City, International Wing- EMERGENCY & TRIAGE**

No. 258/A, Bommasandra Industrial Area, Hosur Road, , Karnataka, India -560099



**Patient Name** : Ms Jaya Nandy  
**Patient MRN** : 10200000316721  
**Gender|Age|DoB** : female |54y 4m|05/02/71  
**Patient Phone No** : 9679086278  
**Address** : Siliguri, Darjeeling, West Bengal, India, 734001

**Bill No** : IA102025F002885  
**Billing Date** : 18-06-2025 10:08 AM  
**Tariff Class** : OPD  
**Consultant** : Dr. Santosh K M  
**Visit No** : OP-001  
**Token No** : 4e0J,dnBC

Particulars	Order date	Qty	Unit Rate	Amount(Rs)
<b>PACKAGE</b>				
1. EHP_Healthy Heart Screening Package (Women)-HC-Above 41years   Dr. Santosh K M	18-06-2025 to 19-06-2025	1	9,999.00	9,999.00
				<b>Total</b> <u><b>9,999.00</b></u>

GSTIN: 29AABCN1685J1Z4

**Total Hospital Charges for Rendered Services/Items :** 9,999.00  
**Total Bill Amount Including Taxes before round off :** 9,999.00  
**Sponsor Payable :** 0.00  
**Patient Round Off :** 0.00  
**Patient Payable :** 9,999.00

**Amount in words:** Rupees Nine Thousand Nine Hundred Ninety Nine Rupees Only

Receipt No.	Receipt Date	Mode	Reference No.	Amount(Rs)
1. RCPO-1020-2506001362	18-06-2025 10:08 AM	CASH	-	9,999.00
				<b>Total</b> <u><b>9,999.00</b></u>

**Balance Details**  
 Gross bill amount : 9,999.00  
 Sponsor Amount : 0.00  
 Net Amount : 9,999.00  
 Amount Paid : 9,999.00  
 Balance To Pay : **0.00**

**Prepared By:** M Seema, 356686 | **Prepared On:** 18-06-2025 10:08 |  
**Published By:** Administrator, admin | **Published On:** 09-01-2026 12:06 |

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## BILL AND RECEIPT

**Mazumdar Shaw Medical Centre, Bangalore- OPD GF**

No. 258/A, Bommasandra Industrial Area, , Karnataka, India -560099



Patient Name : Jaya Nandy  
 Patient MRN : 10200000316721  
 Gender|Age|DoB : female |54y 4m|05/02/71  
 Patient Phone No : 9679086278  
 Address : Siliguri, Darjeeling, West Bengal, India, 734001

Bill No : IA100225F048486  
 Billing Date : 23-06-2025 05:38 AM  
 Tariff Class : OPD  
 Consultant : ,Dr. Saurabh Rai  
 Visit No : OP-002  
 Token No : 009

Plan: Arya 3 | Sponsor : OP CASH (1097\_C)

Particulars	Order date	Qty	Unit Rate	Amount(Rs)
<b>Consultation</b>				
1. CONSULTATION - FIRST VISIT   Dr. Saurabh Rai	23-06-2025	1	1,100.00	1,100.00
			<b>Total</b>	<b>1,100.00</b>

Discount - Patient: 165.00, Sponsor:0.00

GSTIN: 29AABCN1685J1Z4

**Total Hospital Charges for Rendered Services/Items :** 1,100.00  
**Less Discount :** 165.00  
**Total Bill Amount Including Taxes before round off :** 935.00  
**Sponsor Payable :** 0.00  
**Patient Round Off :** 0.00  
**Patient Payable :** 935.00

**Amount in words:** Rupees Nine Hundred Thirty Five Rupees Only

Total savings: **Rs. 165.00**

Receipt No.	Date	Receipt Amount	Adjusted Amount
1. RCPO-1002-2506040364	22-06-2025 05:46 PM	919.00	919.00
		<b>Total</b>	<b>919.00</b>

Receipt No.	Receipt Date	Mode	Reference No.	Amount(Rs)
1. RCPO-1002-2506040576	23-06-2025 05:38 AM	health points	-	16.00
				<b>Total</b>
				<b>16.00</b>

**Balance Details**  
 Gross bill amount : 1,100.00  
 Less Discount : 165.00  
 Sponsor Amount : 0.00  
 Net Amount : 935.00  
 Amount Paid : 935.00  
 Balance To Pay : **0.00**

Prepared By: Administrator, admin | Prepared On: 23-06-2025 05:38 |

Published By: Administrator, admin | Published On: 09-01-2026 12:04 |

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### Mazumdar Shaw Medical Center

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497



Hospital Address: Narayana Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099 | Tel +91 80 712 22222 | Fax +91 80 2783 2648

Registered Office Address: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bengaluru - 560099



Appointment  
**1800 309 0309**



Email:  
[info.msmc@narayanahealth.org](mailto:info.msmc@narayanahealth.org)

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Patient Name : Jaya Nandy (10200000316721)

Bill No : IA100225F048486

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## BILL AND RECEIPT

**Mazumdar Shaw Medical Centre, Bangalore- OPD GF**

No. 258/A, Bommasandra Industrial Area, , Karnataka, India -560099



**Patient Name** : Ms Jaya Nandy  
**Patient MRN** : 10200000316721  
**Gender|Age|DoB** : female |54y 4m|05/02/71  
**Patient Phone No** : 9679086278  
**Address** : Siliguri, Darjeeling, West Bengal, India, 734001

**Bill No** : IA100225F050283  
**Billing Date** : 23-06-2025 12:41 PM  
**Tariff Class** : OPD  
**Consultant** : Dr. Saurabh Rai  
**Visit No** : OP-002

**Plan:** Arya 3 | **Sponsor :** OP CASH (1097\_C)

Particulars	Order date	Qty	Unit Rate	Amount(Rs)
<b>Radiology</b>				
1. DOPPLER VENOUS LOWER LIMB SINGLE   Dr. Saurabh Rai	23-06-2025	1	2,560.00	2,560.00
				<b>Total</b> <u><b>2,560.00</b></u>

**Discount** - Patient: 1,152.00, Sponsor:0.00

**GSTIN:** 29AABCN1685J1Z4

**Total Hospital Charges for Rendered Services/Items :** 2,560.00

**Less Discount :** 1,152.00

**Total Bill Amount Including Taxes before round off :** 1,408.00

**Sponsor Payable :** 0.00

**Patient Round Off :** 0.00

**Patient Payable :** 1,408.00

**Amount in words:** Rupees One Thousand Four Hundred Eight Rupees Only

Total savings: **Rs. 1,152.00**

Receipt No.	Receipt Date	Mode	Reference No.	Amount(Rs)
1. RCPO-1002-2506042064	23-06-2025 12:41 PM	CARD	-	1,408.00
				<b>Total</b> <u><b>1,408.00</b></u>

### Balance Details

Gross bill amount : 2,560.00

Less Discount : 1,152.00

Sponsor Amount : 0.00

Net Amount : 1,408.00

Amount Paid : 1,408.00

Balance To Pay : **0.00**

**Prepared By:** Divya B K, 301929 | **Prepared On:** 23-06-2025 12:41 |  
**Published By:** Administrator, admin | **Published On:** 09-01-2026 12:04 |

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# DUPLICATE

## PHARMACY BILL CUM RECEIPT

### MSMC-NARAYANA HRUDAYALAYA LTD- Convatec OP Pharmacy - MSH

258/A, Warehouse, Room No. 4, B Block, Bommasandra Industrial Area, Anekal Taluk, , Karnataka, India -560099

Patient Name	: Ms Jaya Nandy	Bill No	: PA500225F019049
Patient MRN	: 10200000316721	Receipt No	: RCPP-5002-2506019726
Gender Age DoB	: female 54y 4m 05/02/71	Visit No	: AMB-001
Patient Phone No	: 9679086278		
Date	: 23-06-2025 05:25 PM		

Particulars	Sch.	Batch/Exp	Qty	Unit Rate	SGST (%)	CGST (%)	Amount (Rs)	Patient Discount	Patient Amt (Rs)
<b>Consultant Name:</b> Dr. Saurabh Rai									
CETYL ALCOHOL-LOTION-250ML-CETAPHIL MOISTUR- (33049930)	H	B4MZ168/ 2027-10-31	1	1199.00	9	9	1199.00	59.95	1139.05
COMPRESSION STOCKINGS-BELOW KNEE-XS-CCL 2 OPEN TOE 50302 SIGVARIS- (61151000)	-	50302/ 2027-05-31	1	5490.00	6	6	5490.00	1098.00	4392.00

<b>Summary</b>	<b>Total :</b>	6689.00
Tax - SGST_9.0: 86.88, CGST_9.0: 86.88, CGST_6.0: 235.29, SGST_6.0: 235.29	<b>Discount :</b>	1157.95
<b>Discount</b> - Patient: 1157.95, Sponsor: 0.00	<b>Net Amount :</b>	5531.05
<b>Payment Mode</b> - Paid via CARD Rs 5531.00	<b>Sponsor Payable :</b>	0.00
	<b>Patient Round Off :</b>	(-)0.05
	<b>Patient Payable Amt :</b>	<b>5531.00</b>

Total savings: **Rs. 1157.95**

**Amount in words:** Rupees Five Thousand Five Hundred Thirty One Rupees Only

**Prepared By:** Udayavani N, 325329

**Qualified Pharmacist:** LAKSHMANA AC, GOWRI BALA, MANO CHITRA,CHITTY BABU, JAYAPRATHA JUBINA ELSA THOMAS

**Generated By:** Administrator, admin | **Generated On:** 09-01-2026 12:03 | **Signature:**



**DL NO :** KA-B62-143701, KA-B62-143702 | **GSTIN :** 29AACBCN1685J1Z4 | **E & OE |**

Items once sold shall not be taken back or exchanged. Any excess collection by oversight will be refunded as per Drug (Price Control) order, 1970

# DUPLICATE

## PHARMACY BILL CUM RECEIPT

### MSMC-NARAYANA HRUDAYALAYA LTD- Ground Floor OP Pharmacy-MSH

258/A, Warehouse, Room No. 4, B Block, Bommasandra Industrial Area, Anekal Taluk, , Karnataka, India -560099

Patient Name	: Ms Jaya Nandy	Bill No	: PA500225F019862
Patient MRN	: 10200000316721	Receipt No	: RCPP-5002-2506020555
Gender Age DoB	: female 54y 4m 05/02/71	Visit No	: AMB-002
Patient Phone No	: 9679086278		
Date	: 24-06-2025 03:47 PM		

Particulars	Sch.	Batch/Exp	Qty	Unit Rate	SGST (%)	CGST (%)	Amount (Rs)	Patient Discount	Patient Amt (Rs)
<b>Consultant Name:</b> sauerab									
THYROXINE SODIUM-TABLET-25MCG-THYRONORM- (30049082)	H	TMB25066/2027-03-31	120	1.65	6	6	197.77	39.55	158.22
DISODIUM HYDROGEN CITRATE-SYRUP-100ML-CITRALKA- (30049099)	H	25090300/2026-12-31	1	126.48	6	6	126.48	25.30	101.18
CHOLECALCIFEROL-CAPSULE-60000IU-D RISE-(30049099)	H	SDR0525/2027-02-28	12	34.47	6	6	413.67	82.73	330.94

<b>Summary</b>	<b>Total :</b>	737.92
Tax - SGST_6.0: 31.63, CGST_6.0: 31.63	<b>Discount :</b>	147.58
<b>Discount</b> - Patient: 147.58, Sponsor: 0.00	<b>Net Amount :</b>	590.34
<b>Payment Mode</b> - Paid via CARD Rs 590.00	<b>Sponsor Payable :</b>	0.00
	<b>Patient Round Off :</b>	(-)0.34
	<b>Patient Payable Amt :</b>	<b>590.00</b>

Total savings: **Rs. 147.58**

**Amount in words:** Rupees Five Hundred Ninety Rupees Only

**Prepared By:** Vijayalakshmi Shanthakumar, 351597

**Qualified Pharmacist:** RENJITH S, GOWRI BALA, MANO CHITRA,CHITTY BABU, SATHYA M

**Generated By:** Administrator, admin | **Generated On:** 09-01-2026 12:02 | **Signature:**



**DL NO :** KA-B62-143764, KA-B62-143765, KA-B62-143766, KA-B62-143767, KA-B62-143768 | **GSTIN :** 29AACBN1685J1Z4 | **E & OE |**  
Items once sold shall not be taken back or exchanged. Any excess collection by oversight will be refunded as per Drug (Price Control) order, 1970