

**BKL WALAWALKAR HOSPITAL DIAGNOSTIC AND RESEARCH CENTRE**

A/P - KASARWADI SAWARDE ,TAL CHIPLUN,
DIST-RATNAGIRI PIN CODE -415 606, Ratnagiri- , Maharashtra, INDIA

Phone:9657510149 Email:info@walawalkarhospital.com Website:www.walawalkarhospital.com

BILL CUM RECEIPT

UHID : BHRC.0001878263 **Bill No.** : OPD2412008985
Patient Name : MR. RAJESH SHYAMNARAYAN TIWARI **Bill Date / Time** : 17/12/2024 12:37 PM
Address : NEAR DOLPHIN CLUB, ULHASNAGAR-3,
ULHASNAGAR-2, Ulhasnagar-2 , Thane, Thane, **OPD No.** : OP/1224/021279
Ulhasnagar, Maharashtra, 421002
Company Name : CASH/SELF PAYING **Age / Gender** : 36 Years / Male
Consulting Doctor : Dr. ANAND JOSHI AT POST DERVAN
Department / Unit : MEDICINE / MEDICINE UNIT 1

SL.No.	Department	Service Name	Doctor Name	Qty.	Rate	Discount	Amount
1	LABORATORY	SERUM - LIPASE		1	750.00	0.00	750.00
Total Amount (Rs.) :							750.00
Total Paid (Rs.) :							750.00
Amount In Words : Rs. SEVEN HUNDRED FIFTY ONLY							

Payment Mode	Crad/Cheque/Trans. No	Card/Bank Name	Branch Name	Transaction Date	Batch Code	Amount
ECS	435251693263	ICICI	MUMBAI	17/12/2024	1	750.00
Total Amount Paid :						750.00
Amount In Words :	SEVEN HUNDRED FIFTY Rs. Only					

User : KUMAR GOSAVI

Print Date : 17/12/2024 12:39 PM

Jupiter Hospital

Eastern Express Highway, Service Road , Thane(W).

Out Patient Bill

Invoice No.: 06TI241200000543

MR No. : 771800

Date : 13/12/2024

Pat. Name : Rajesh Tiwari

Pat. Address: Rosa Bella, Opposite Suraj Water Park,

Doctor : MUKTA BAPAT

Dr. Address : Jupiter Hospital, Thane

Pay Mode : UPI

Qty.	Material Name	GST %	HSNCODE	Unit	Mfrs. Name	Batch No.	Exp. Dt	Rate	Amount
1	MOUTH GUARD WITH STRAP STANDARD MEDORAH	12	90189099	NOS	MEDORAH	02122024	31/12/2029	170.00	170.00
1	ENCORE MICRO OPTICS POWDER FREE GLOVES 6.5 JK ANSELL	12	401511	NOS	JK ANSELL	240801651T	31/08/2027	125.00	125.00
1	ENCORE MICRO OPTICS POWDER FREE GLOVES 7.0 JK ANSELL	12	401511	NOS	JK ANSELL	240801671T	31/08/2027	125.00	125.00
1	PLASTIC APRON STANDARD JAINAM	12	9018	EAC	JAINAM INVAMED	240401	31/03/2028	65.00	65.00
Disc. Amt.									0.00

Total Amount : 485.00

Net Amount : 485.00

Paid Amount : 485.00

Pay Mode	Amount	Cheque/ Card No.	Bank	Chq Dt/Card Exp	Payment Date
UPI	485.00	434803189455	HDFC	30/12/2024	13/12/2024
Total Amount	485.00				

GST NO : 27AABCJ1982E1ZN

Taxable : 433.02, 6%, SGSTAMT : 25.99, 6%, CGSTAMT : 25.99



A Unit of Jupiter Life Line Hospitals Limited

Bill-Cum-Cash Receipt

ENDOSCOPY (2nd FLOOR)

Patient Name : Dr. Rajesh Tiwari
MR No : 771800
Gender / Age : Male / 036:11:16
Ref. Doctor : Dr. MUKTA BAPAT
JLHL GST : 27AABCJ1982E1ZN

Bill No. : 10B-2024-019093
Date / Time : 13/12/2024 / 10:37 AM
Patient Category : PAY PATIENT
Mobile No : 9594967449
JLHL PAN No : AABCJ1982E

Sr.No.	Service Name	Qty.	Rate	Discount	Amount
1.	DIAGNOSTIC GASTROSCOPY	1	6830.00	2732.00	4,098.00
			6830.00	2732.00	4,098.00
Net Amount					4098.00
Pat. Paid Amount					4098.00
Total Paid Amount					4,098.00

Pay Mode	Amount	Cheque/ Card No.	Bank	Chq Dt/Card Exp Dt	Payment Date
UPI	4098.00	434803189455	hdfc		
Total Amount	4,098.00				

Net Amount in Words : Four Thousand and Ninety Eight Rupees Only
Remarks : DISC. REQUESTED DR. MUKTA MAM INSTR APPROVED BY DR. SHILPA MAM INSTR
Prepared By : BHUVA05970

Signature

Jupiter Hospital
Eastern Express Highway, Service Road , Thane(W).
Phone No. 022-62975563

A Unit of Jupiter Life Line Hospitals Limited

Consultation Receipt

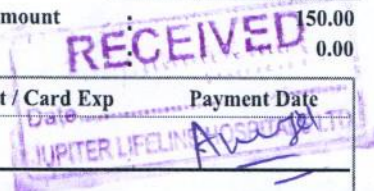
ORGAN TRANSPLANT

MR No.	:771800	Consultation No.	:11C-2024-030642
Patient Name	:Dr. Rajesh Tiwari	Date / Time	:12/12/2024 / 17:26:25
Gender/Age	:Male/ 036:11:15	Patient Category	:PAY PATIENT
Comp. Ref Name	:0SELF	Mobile No	:9594967449

Consultation No. Bill No	Doctor Clinic	Visit Type Patient Type	Consultation Fees	Discount	Net Amount
11C-2024-030642	MUKTA BAPAT	New Case	1800.00	1800.00	0.00
11B-2024-033940	GASTROENTROLOGY	REGULAR			

Consultation Fees	:	1800.00
Registration Fees	:	150.00
Discount	:	1800.00
Net Amount	:	150.00
Patient Paid Amount	:	50.00
Due Amount	:	0.00

Pay Mode	Amount	Cheque/ Card No.	Bank	Chq Dt / Card Exp	Payment Date
UPI	150.00	434773971482	ICICI BANK		
Total Amount	150.00				





BKL WALAWALKAR HOSPITAL DIAGNOSTIC AND RESEARCH CENTRE



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Phone:9657510149 Email:info@walawalkarhospital.com Website:www.walawalkarhospital.com

BILL CUM RECEIPT

UHID	: BHRC.0001878263	Bill No.	: OPD2412008555
Patient Name	: MR. RAJESH SHYAMNARAYAN TIWARI	Bill Date / Time	: 17/12/2024 08:57 AM
Address	: NEAR DOLPHIN CLUB, ULHASNAGAR-3, ULHASNAGAR-2, Ulhasnagar-2 , Thane, Thane, Maharashtra, 421002	OPD No.	: OP/1224/021279
Company Name	: CASH/SELF PAYING	Age / Gender	: 36 Years / Male
Consulting Doctor	: Dr. ANAND JOSHI AT POST DERVAN		
Department / Unit	: MEDICINE / MEDICINE UNIT 1		

SL.No.	Department	Service Name	Doctor Name	Qty.	Rate	Discount	Amount
1	LABORATORY	COMPLETE BLOOD COUNT (CBC)		1	150.00	0.00	150.00
2	LABORATORY	CRP (C-REACTIVE PROTEIN) QUANTITATIVE		1	250.00	0.00	250.00
3	LABORATORY	LFT (LIVER FUNCTION TEST)		1	600.00	0.00	600.00
4	LABORATORY	Sr. Amylase		1	300.00	0.00	300.00
5	OPD	CONSULTATION CHARGES		1	85.00	0.00	85.00
6	RADIOLOGY	USG Abdomen Pelvis MALE		1	600.00	0.00	600.00

Total Amount (Rs.) : 1985.00

Total Paid (Rs.) : 1985.00

Rs. ONE THOUSAND NINE HUNDRED

TAX INVOICE

INVOICE NO.	: 24/WALAWALKAR HOSPITAL/IP/CS20841	PATIENT NAME	: DR. RAJESH TIWARI
INVOICE DATE	: 17/12/2024 11:28AM	UHID :	VISIT CODE :
NAME	:B.K.L.WALAWALKAR HOSPITAL MEDICAL STORE	CASH/CREDIT	: Cash
ADDRESS	:A/P SHREEKSHETRA DERVAN,TAL- CHIPALUN, DIST-RATNAGIRI.	ADDRESS	:
GST No	:27AABTS7103H1ZK	PH. NO.	:
REQ. DATE	:	COMPANY	:
REQ. NO.	:	DR. NAME	:
BED NO.	:		

Description Goods	HSN Code	MFG	Batch No.	Expiry Date	Qty.	MRP	Disc. Amt.	Total Amount
PANSEC IV	30049039	cipl	NPA00029	May/2026	1	56.50	5.65	56.50
LESURIDE INJ	30049099	Sun pharma	GTF0470A	Jan/2027	1	88.00	8.80	88.00
Remark :								144.50

Taxable	CGST		SGST		TOTAL AMOUNT(IGST/CESS)	
Value	%	RS.	%	RS.		
30049039	6.00	2.72	6.00	2.72	ROUND OFF	0.00
30049099	6.00	4.24	6.00	4.24	GRAND TOTAL	130.00
Total :		6.96		6.96		

Invoice Value (In words)	
Rs. ONE HUNDRED THIRTY ONLY	
Drug Lic No:MH-RAT 20/221147, 21/221148, 20C/221149, 20F/221150	For

Pharmacist Signature



BKL WALAWALKAR HOSPITAL DIAGNOSTIC AND RESEARCH CENTRE



A/P - KASARWADI SAWARDE ,TAL CHIPLUN,
DIST-RATNAGIRI PIN CODE -415 606, Ratnagiri- , Maharashtra, INDIA

Phone:9657510149 Email:info@walawalkarhospital.com Website:www.walawalkarhospital.com

BILL CUM RECEIPT

UHID : BHRC.0001878263 **Bill No.** : OPD2412008589
Patient Name : MR. RAJESH SHYAMNARAYAN TIWARI **Bill Date / Time** : 17/12/2024 09:36 AM
Address : NEAR DOLPHIN CLUB, ULHASNAGAR-3,
ULHASNAGAR-2, Ulhasnagar-2 , Thane, Thane, **OPD No.** : OP/1224/021279
Ulhasnagar, Maharashtra, 421002 **Age / Gender** : 36 Years / Male
Company Name : CASH/SELF PAYING
Consulting Doctor : Dr. ANAND JOSHI AT POST DERVAN
Department / Unit : MEDICINE / MEDICINE UNIT 1

SL.No.	Department	Service Name	Doctor Name	Qty.	Rate	Discount	Amount
1	RADIOLOGY	CT Abdomen pelvis Plain+Contrast		1	4600.00	0.00	4600.00
Total Amount (Rs.) :							4600.00
Total Paid (Rs.) :							4600.00

Amount In Words : Rs. FOUR THOUSAND SIX HUNDRED ONLY

Payment Mode	Crad/Cheque/Trans. No	Card/Bank Name	Branch Name	Transaction Date	Batch Code	Amount
ECS	435226251670	ICICI	MUMBAI CENTRAL	17/12/2024	1	4600.00
Total Amount Paid :						4600.00
Amount In Words :	FOUR THOUSAND SIX HUNDRED Rs. Only					

User : AJINKYA VAHALKAR

Print Date : 17/12/2024 09:37 AM

TAX INVOICE

INVOICE NO.	: 24/WALAWALKAR HOSPITAL/IP/CS20826	PATIENT NAME	: MR. RAJESH SHYAMNARAYAN TIWARI
INVOICE DATE	: 17/12/2024 9:53AM	UHID :BHRC.0001878263	VISIT CODE : OP/1224/021279
NAME	:B.K.L.WALAWALKAR HOSPITAL MEDICAL STORE	CASH/CREDIT	: Cash
ADDRESS	:A/P SHREEKSHETRA DERVAN,TAL- CHIPALUN, DIST-RATNAGIRI.	ADDRESS	: NEAR DOLPHIN CLUB, ULHASNAGAR- 3, ULHASNAGAR-2,
GST No	:27AABTS7103H1ZK	PH. NO.	:
REQ. DATE	:	COMPANY	: SELF PAYING
REQ. NO.	:	DR. NAME	: Dr. ANAND JOSHI AT POST DERVAN
BED NO.	:		

Description Goods	HSN Code	MFG	Batch No.	Expiry Date	Qty.	MRP	Disc. Amt.	Total Amount
WATER FOR INJ 10ML.	30043190	Amanta Healthcare Ltd.	KKW018	Dec/2027	1	3.23	0.32	3.23
FLY-FIX IV	30059040	Ansell Healthcare Products	CF-166ST19	May/2027	1	95.00	9.50	95.00
VENFLON NO -20	90183930	BD	G24H011170	Jul/2029	1	307.00	30.70	307.00
MINIPAQ 350MG 50ML	30045036	GE Healthcare Lreland Ltd.	16788789	Feb/2027	2	747.00	149.40	1494.00
DISP.SYRINGE 10ML	90183100	Hindustan Syringes & Medical Devices	441101ED2	Sep/2029	1	13.00	1.30	13.00
THREE WAY	90183990	Polymed Medicare Ltd.	8390224H	Jul/2029	1	186.00	18.60	186.00
Remark : UPI								2098.23

Taxable	CGST		SGST		TOTAL AMOUNT(IGST/CESS)	2098.23
Value	%	RS.	%	RS.		209.82
30043190	6.00	0.16	6.00	0.16	ROUND OFF	-0.41
30059040	6.00	4.58	6.00	4.58	GRAND TOTAL	1888.00
90183930	6.00	14.80	6.00	14.80	B.K.L.W.H. Medical Stores Kasarwad, Savarode Sign: [Signature] CASH RECEIVED	
30045036	2.50	32.01	2.50	32.01		
90183100	6.00	0.63	6.00	0.63		
90183990	6.00	8.97	6.00	8.97		
Total :		61.15		61.15		

Invoice Value (In words)

Rs. ONE THOUSAND EIGHT HUNDRED
EIGHTY EIGHT ONLY

Drug Lic No:MH-RAT 20/221147, 21/221148, 20C/221149, 20F/221150

For

Pharmacist Signature

TAX INVOICE

INVOICE NO.	: 24/WALAWALKAR HOSPITAL/CP/CS39869	PATIENT NAME	: DR.RAJESH TIWARI
INVOICE DATE	: 17/12/2024 1:13PM	UHID :	VISIT CODE :
NAME	:S.V.J.C.TS MEDICAL STORE	CASH/CREDIT	: Cash
ADDRESS	: 1491, GROUND FLOOR + 1ST FLOOR. SHREEKSHETRA DERVAN. SAWARDE - 415606 TAL- CHIPLUN DIST-RATNAGIRI	ADDRESS	: DERVAN
GST No	:27AABTS7103H1ZK	PH. NO.	:
REQ. DATE	:	COMPANY	:
REQ. NO.	:	DR. NAME	: Dr. ANAND PHAD AT POST DERVAN
BED NO.	:		

Description Goods	HSN Code	MFG	Batch No.	Expiry Date	Qty.	MRP	Disc. Amt.	Total Amount
COLOSPA RETARD	3004	Abbott Ltd	CRA24006	Jan/2027	15	37.45	56.17	561.73
OFLOX OZ TAB	3004	Ansell Healthcare Products	4SA0699	Feb/2026	10	18.20	18.20	181.95
Nizonide 500	3004	TERMO	ND24J005A	Apr/2027	6	21.83	13.10	131.00
Rem :								874.68

Taxable	CGST		SGST		TOTAL AMOUNT(IGST/CESS)	
	%	RS.	%	RS.		874.68
Value						87.47
3004	6.00	42.17	6.00	42.17	ROUND OFF	-0.21
					GRAND TOTAL	787.00
Total :		42.17		42.17		

Invoice Value (In words)	S.V.J.C.T'S Medical Stores
Rs. SEVEN HUNDRED EIGHTY SEVEN ONLY	Dervan
Drug Lic No:MH-RAT/20/244245, RAT/21/244247, RAT/20C/244246, RAT/ND2/132714	Dt. Sign.
	For CASH RECEIVED

Pharmacist Signature

MEDISCAN

Indira Gandhi Co-operative Hospital Campus.

Gandhinagar Rd, Kadavanthra, Kochi - 682020

Phone no.: 7994431919, 0484 4851919 - Email: igch@mediscan.in



9162

Bill no. 9162

C20

Reg. no. 9162

Name: Dr. RAJESH TIWARI

Age / Sex: 36 YRS / M

Mobile: 9594967449

Referred by: Self

Date & Time: 26/11/2024, 05:22 PM

Received by: Mediscan

Case Details:

Ct scan investigations	Fee
ABDOMEN & PELVIS	Rs.6,000
CT CONTRAST	Rs.1,500

Payment Details:

Total Fees:	Rs.7,500
Discount:	Rs.700
Amount Paid:	Rs.6,800
Amount Paid (in words):	Six thousand eight hundred rupees only




Cashier's signature

Thank You

Received
PAYMENT WITH THANKS

Bill-Cum-Cash Receipt

ORGAN TRANSPLANT

Patient Name : **Dr. Rajesh Tiwari**
MR No : 771800
Gender / Age : Male / 036:11:15
Ref. Doctor : Dr. MUKTA BAPAT
Ref. Company : OSELF
JLHL GST : 27AABCJ1982E1ZN

Bill No. : 11B-2024-033941
Date / Time : 12/12/2024 / 5:29 PM
Patient Category : PAY PATIENT
Mobile No : 9594967449

JLHL PAN No : AABCJ1982E

Sr.No.	Service Name	Qty.	Rate	Amount
1.	Gastroscopy/Colonoscopy Investigation Panel	1	2790.00	2,790.00
2.	Creatinine	1	0.00	0.00
3.	CBC (Complete Blood Count)	1	0.00	0.00
4.	PT - Prothrombin Time	1	0.00	0.00
5.	HIV 1/2 By Chemiluminescence	1	0.00	0.00
6.	HbsAg By Chemiluminescence	1	0.00	0.00
7.	HCV By Chemiluminescence	1	0.00	0.00
			2790.00	2,790.00

Net Amount : 2790.00
Pat. Paid Amount : 2790.00
Total Paid Amount : 2,790.00

Pay Mode	Amount	Cheque/ Card No.	Bank	Chq Dt/Card Exp Dt	Payment Date
UPI	2790.00	434774040707	IOICI BANK		
Total Amount	2,790.00				

Net Amount in Words : Two Thousand Seven Hundred and Ninety Rupees Only

Prepared By : ANUJA10089

