

claimed with Boyaj Allianz General
Insurance Co. LTD

Suyash
Hospital

SUYASH HOSPITAL

(A Unit of Suyash Institute of Medical Science Pvt. Ltd)

KOTA GUDHIYARI ROAD RAIPUR, CG. 2572222

GST : 22AALCS5760K3ZZ



DETAIL FINAL BILL

Bill No.	F005900-23	Bill Date	29/10/2023 6:00 PM
Patient Name	Mr PRAKASH TAWRI	REG No.	SH59996
Father Name	S/O LATE, FATEH LAL TAWRI	IPD No.	IP005606-23
Mobile No.	9425244402	Age/Sex	59 Y/Male
D.O.A.	27/10/2023 3:24 PM	D.O.D.	29/10/2023 6:01 PM
Consult. Dr.	Dr.MANOJ LAHOTI,MBBS, MD, DM (GASTROENTEROLOGY), Dr.AMIT D JOSHI,MD, DNB (GASTROENTEROLOGY), Dr.GAURAV TRIPATHI,MBBS, MD, DM(CARDIOLOGY)	Category	GENERAL
Address	HOUSE NO. 211, GANJPARA, SATICHOURA , DURG, Chhattisgarh	Ward/Room/Bed :	MICU/MICU/7
Department	GASTROENTEROLOGY		



Reg. No.



IPD No.

S.No.	Date	Code	SAC Code	Batch No.	Particulars	Rate x Qty	Amt (Rs.)
PART A - HOSPITAL INDOOR BILL							
BED CHARGES							
1.	27/10/2023				BED CHARGE -ICU	5500.00 x 1.00	5500.00
2.	28/10/2023				BED CHARGE -ICU	5500.00 x 1.00	5500.00
3.	29/10/2023				BED CHARGE -ICU	5500.00 x 1.00	5500.00
							Total of BED CHARGES : 16500.00
CONSULTATION							
DOCTOR VISIT							
1.	28/10/2023				DR. RITUJA GACHKEY	500.00 x 1.00	500.00
2.	28/10/2023				DR. GAURAV TRIPATHI	500.00 x 2.00	1000.00
3.	29/10/2023				DR. MANOJ LAHOTI	500.00 x 3.00	1500.00
							Total of CONSULTATION: 3000.00
NURSING CARE CHARGES							
1.	27/10/2023				NURSING CHARGES	300.00 x 1.00	300.00
2.	28/10/2023				NURSING CHARGES	300.00 x 1.00	300.00
3.	29/10/2023				NURSING CHARGES	300.00 x 1.00	300.00
							Total of NURSING CARE CHARGES : 900.00
PROCEDURES							
1.	27/10/2023				ECG CHARGE	250.00 x 2.00	500.00
2.	28/10/2023				ECG CHARGE	250.00 x 1.00	250.00
							Total of PROCEDURES : 750.00

PRINT DATE : 29-10-2023 6:01 PM USER NAME : RAJESH VERMA

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SUYASH INSTITUTE OF MEDICAL SCIENCE PVT. LTD. UNIT-II
Kota, Gudhiyari Road, RAIPUR (C.G.)

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DETAIL FINAL BILL

IPD BILLING ITEM				
1.	27/10/2023	RBS	100.00 x 4.00	400.00
2.	27/10/2023	BIOMEDICAL WASTE CHARGE	150.00 x 1.00	150.00
3.	27/10/2023	IPD REGSITRATION CHARGE	250.00 x 1.00	250.00
4.	27/10/2023	INTENSIVE CHARGE	500.00 x 1.00	500.00
5.	27/10/2023	ABG CHARGES	1200.00 x 1.00	1200.00
6.	27/10/2023	OXYGEN CHARGES	1500.00 x 1.00	1500.00
7.	28/10/2023	RBS	100.00 x 7.00	700.00
8.	28/10/2023	NEBULIZATION	100.00 x 3.00	300.00
9.	28/10/2023	CATHETERIZATION CHARGE	500.00 x 1.00	500.00
10.	28/10/2023	INTENSIVE CHARGE	500.00 x 1.00	500.00
11.	28/10/2023	OXYGEN CHARGES	1500.00 x 1.00	1500.00
12.	29/10/2023	RBS	100.00 x 3.00	300.00
13.	29/10/2023	NEBULIZATION	100.00 x 3.00	300.00
14.	29/10/2023	INTENSIVE CHARGE	500.00 x 1.00	500.00
				Total of IPD BILLING ITEM : 8600.00

PART A - HOSPITAL INDOOR BILL Total : 29750.00

PART B - INVESTIGATION

PATHOLOGY

1.	27/10/2023	CK-MB	790.00 x 1.00	790.00
2.	27/10/2023	Troponin I	2200.00 x 1.00	2200.00
3.	28/10/2023	SERUM CALCIUM	315.00 x 1.00	315.00
4.	28/10/2023	SODIUM POTASSIUM(N.A.K)	380.00 x 1.00	380.00
5.	28/10/2023	Magnesium	625.00 x 1.00	625.00
6.	29/10/2023	COMPLETE BLOOD COUNT (CBC)	345.00 x 1.00	345.00
				Total of PATHOLOGY : 4655.00

RADIO DIAGNOSIS

1.	28/10/2023	CHEST XRAY BED SIDE (ICU)	350.00 x 1.00	350.00
				Total of RADIO DIAGNOSIS : 350.00

PART B - INVESTIGATION Total : 5005.00

PART C - MEDICINE CHARGES

PHARMACY CHARGE.		4115123F		
1.	27/10/2023	4115123F	3WAY EXTENSION 10CM	269.00 x 1.00
2.	27/10/2023	3004	ALDACTONE 25MG TAB*	2.44 x 10.00
3.	27/10/2023	3004	ALDACTONE 25MG TAB*	2.44 x 5.00
4.	27/10/2023	30049099	BUDASURE PULMULES	26.46 x 5.00
				132.30

PRINT DATE 29-10-2023 6:01 PM USER NAME RAJESH VERMA

Page No. 2-3

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DETAIL FINAL BILL					
5.	27/10/2023	3004	APD-0192	C-NOVA 1G	69.86 x 1.00 69.86
6.	27/10/2023	3004	APD-0192	C-NOVA 1G	69.86 x 3.00 209.58
7.	27/10/2023	30019099	JC116	CUTENOX 60INJ	641.00 x 3.00 1923.00
8.	27/10/2023	49099	B2301280	CIDMUS 50 TAB*	29.00 x 10.00 290.00
9.	27/10/2023	49099	B2301280	CIDMUS 50 TAB*	29.00 x 4.00 116.00
10.	27/10/2023	3004	YTQD23007	DAPACOSE 10MG TAB*	14.50 x 10.00 145.00
11.	27/10/2023	3004	IADRA1311	DURONE INJ	70.99 x 10.00 709.90
12.	27/10/2023		31623S08G	ECG ELECTRODES	29.00 x 5.00 145.00
13.	27/10/2023	9091	C252303	ES-KULGUT 40MG INJ	327.00 x 1.00 327.00
14.	27/10/2023	9091	C252303	ES-KULGUT 40MG INJ	327.00 x 2.00 654.00
15.	27/10/2023		23H0259K	GLOVES 7.5 NO.	88.00 x 1.00 88.00
16.	27/10/2023	30049099	2349021C	IPRASUREPULMULES	15.40 x 5.00 77.00
17.	27/10/2023		4087523E.	IV SET	50.00 x 1.00 50.00
18.	27/10/2023		4087523E.	IV SET	50.00 x 2.00 100.00
19.	27/10/2023		23020 141	LANCETS NEEDLE ROUND	3.49 x 1.00 3.49
20.	27/10/2023		23020 141	LANCETS NEEDLE ROUND	3.49 x 3.00 10.47
21.	27/10/2023		P21H04	FOLYS CATHETAR 16	125.00 x 1.00 125.00
22.	27/10/2023		2123087	LASIX-4ML INJ	11.96 x 1.00 11.96
23.	27/10/2023		L0806	LOX 2% JELLY 30GM	37.95 x 1.00 37.95
24.	27/10/2023		1085223H..	NEBULIZER MASK SET (A)	570.00 x 1.00 570.00
25.	27/10/2023		05334C.	NEEDLE 16 NO.	4.00 x 2.00 8.00
26.	27/10/2023		05334C.	NEEDLE 16 NO.	4.00 x 3.00 12.00
27.	27/10/2023		IH34597	NS 1000ML	62.25 x 2.00 124.50
28.	27/10/2023		I134928	NS 100ML	22.03 x 2.00 44.06
29.	27/10/2023		I134928	NS 100ML	22.03 x 5.00 110.15
30.	27/10/2023		L18423	PLAIN DIAPER	50.00 x 3.00 150.00
31.	27/10/2023		G230410975	PMO LINE 200M/F	343.00 x 1.00 343.00
32.	27/10/2023	3004	TP-06	PROLIX 2ML INJ	6.18 x 4.00 24.72
33.	27/10/2023	3004	23S2GCA501	ROSULIP GOLD 20*	24.23 x 10.00 242.30
34.	27/10/2023		341105NB2	SYRINGE 10ML	12.10 x 3.00 36.30
35.	27/10/2023		320023ND1	SYRINGE 2ML	4.95 x 3.00 14.85
36.	27/10/2023		320033NL2	SYRINGE 3ML	8.00 x 3.00 24.00
37.	27/10/2023		326505WJR2	SYRINGE 50ML	55.50 x 1.00 55.50
38.	27/10/2023		R06230927	TEGADERM 1633	195.00 x 1.00 195.00
39.	27/10/2023		2312603E	UROMETER	606.00 x 1.00 606.00
40.	27/10/2023		23A29G8345	VASOFIX NO 20	232.00 x 1.00 232.00
41.	27/10/2023		23A29G8345	VASOFIX NO 20	232.00 x 1.00 232.00

PRINT DATE : 29-10-2023 6:01 PM USER NAME : RAJESH VERMA

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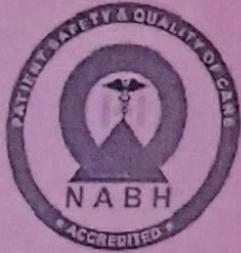
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KOTA GUDHIYARI ROAD RAIPUR, CG. 2572222
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DETAIL FINAL BILL					
42.	27/10/2023	IH34597	NS 1000ML	-62.25 x 2.00	-124.50
43.	28/10/2023	49099	B2301595	CIDMUS 50 TAB*	-29.00 x 10.00
44.	28/10/2023	49099	B2301595	CIDMUS 50 TAB*	-29.00 x 4.00
45.	28/10/2023		2312603E	UROMETER	606.00 x 1.00
46.	28/10/2023		334054JMI	SYRINGE 5ML	9.30 x 4.00
47.	28/10/2023		320023ND1	SYRINGE 2ML	4.95 x 2.00
48.	28/10/2023		341105NB2	SYRINGE 10ML	12.10 x 3.00
49.	28/10/2023	RWDL-502	N2430066	RAMADIN 10% 100ML	107.00 x 1.00
50.	28/10/2023		L18423	PLAIN DIAPER	50.00 x 5.00
51.	28/10/2023		II34928	NS 100ML	22.03 x 6.00
52.	28/10/2023		2313569G	OXYGEN FACE MASK(A)	336.00 x 1.00
53.	28/10/2023		05334C	NEEDLE 16 NO.	4.00 x 4.00
54.	28/10/2023		L0806	LOX 2% JELLY 30GM	37.95 x 1.00
55.	28/10/2023		P21H04	FOLYS CATHETAR 16	125.00 x 1.00
56.	28/10/2023		23H0259KK	GLOVES 7 NO	88.00 x 1.00
57.	28/10/2023		23020 141	LANCETS NEEDLE ROUND	3.49 x 5.00
58.	28/10/2023	9091	C252303	ES-KULGUT 40MG INJ	327.00 x 2.00
59.	28/10/2023	49099	B2301595	CIDMUS 50 TAB*	29.00 x 10.00
60.	28/10/2023	49099	B2301595	CIDMUS 50 TAB*	29.00 x 4.00
61.	28/10/2023	3004	3NG011	CORDARONE-X 200MG TAB*	12.89 x 15.00
62.	28/10/2023	30019099	JC116	CUTENOX 60INJ	641.00 x 2.00
63.	28/10/2023	3004	APD-0192	C-NOVA 1G	69.86 x 3.00
64.				roundoff	-0.42 x 1.00
65.				roundoff	0.50 x 1.00
					0.50
Total of PHARMACY CHARGE. :					
12568.98					
PART C - MEDICINE CHARGES Total :					
12569.00					
Grand Total (Part A+B+C) :					
47324.00					
TCS Amount :					
Advance Amount :					
47324.00					
Net Amount Payable :					
0.00					

Receipt/Refund No.	Date	Time	Amount(Rs.)
Debit Card OR59406-23(Receipt)	27-10-2023	3:29PM	20000.00
Debit Card OR59417-23(Receipt)	27-10-2023	3:59PM	2200.00
Debit Card OR59452-23(Receipt)	27-10-2023	6:44PM	1436.00
Debit Card OR59486-23(Receipt)	27-10-2023	11:01PM	7075.00
Debit Card OR59490-23(Receipt)	28-10-2023	6:23AM	1670.00
Debit Card OR59822-23(Receipt)	28-10-2023	9:39PM	2645.00

PRINT DATE : 29-10-2023 6:01 PM USER NAME : RAJESH VERMA

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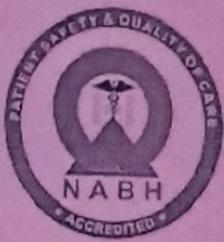
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KOTA GUDHIYARI ROAD RAIPUR, CG. 2572222
GST : 22AALCS5760K3ZZ



Debit Card OR59830-23(Receipt)
Debit Card OR59893-23(Receipt)

DETAIL FINAL BILL

28-10-2023
29-10-2023

11:38PM
6:00PM

1157.00
11141.00

Patient's / Attendant's Signature

Invoice Remarks :

RAJESH VERMA
Authorised Signatory

PAID

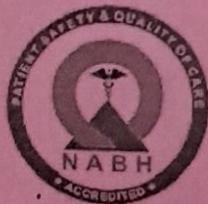
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Hospital

SUYASH HOSPITAL

(A Unit of Suyash Institute of Medical Science Pvt. Ltd)
Kota Gudhiyari Road, Raipur, C.G 492001



OPD CONSULTATION RECEIPT

UHID NO.	: SH59996	DATE	: 27-10-2023 / 1:17PM
NAME	: Mr PRAKASH TAWRI	FATHER/HUSBAND	: LATE. FATEH LAL TAWRI
BILL NO.	: OB48709-23	RECEIPT NO.	: OR59342-23
AGE	: 59 Y	GENDER	: Male
CONSULTANT	: Dr.GAURAV TRIPATHI	DEPARTMENT	: CARDIOLOGY
REF.BY	: Dr. SELF	CATEGORY	: GENERAL
MOB NO.	: 9425244402		

S.No.	Particulars	Performed	Amount(Rs.)
1	CONSULTATION	Dr.GAURAV TRIPATHI	700.00
		Total	700.00
		Net Amount	700.00

PAYMENT MODE : DEBIT CARD , , 3288, 1 , 2023,, 9084,

Seven Hundred Rupees only

Choice Remarks :

Wish You Speedy Recovery

Due deposit details

Date & Time

Receipt No

Deposit Amout

Paymode

27/10/2023 1:17:36 PM

OR59342-23

700.00

Debit Card

PAID
Authorised Signatory

Kamlesh Kuldeep

SUYASH INSTITUTE OF MEDICAL SCIENCE PVT. LTD. UNIT-
Kota, Gudhiyari Road, RAIPUR (C.G.)

Claimed with Bajaj Allianz General Insurance
Co. Ltd

SUYASH HOSPITAL

(3)

(A Unit of Suyash Institute of Medical Science Pvt. Ltd)

Kota Gudhiyari Road, Raipur, C.G

CONSULTANT: Dr. MANOJ LAHOTI

:MBBS, MD, DM (GASTROENTEROLOGY)

UHID NO	SH59996	DATE	27/10/2023 10:09:22 AM	MOBILE	9425244402
NAME	Mr PRAKASH TAWRI	AGE / SEX	59-5-18 / M	OPD NO	9
VACCINATION		FEES	700.00	CATEGORY	GENERAL
ADDRESS	HOUSE NO. 211, GANJPARA, SATICHOURA, DURG	Type of Visit	New		

CHIEF COMPLAINTS :-

SUYASH INSTITUTE OF MEDICAL SCIENCE PVT. LTD, UNIT-I
Kota, Gudhiyari Road, RAIPUR (C.G.)

GENERAL EXAMINATION:

GC 84/min
PULSE 96/
B.P. 150/100 mm Hg
Weight+ 94.5 kg

SpO₂

Height 96cm

Weight+ 94.5 kg

Age

Weight+

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Insurance Co. Ltd
SUYASH HOSPITAL

(A Unit of Suyash Institute of Medical Science Pvt. Ltd)
Kota Gudhiyari Road, Raipur, C.G 492001



OPD BILL CUM RECEIPT.

UHID NO.	: SH59996	DATE	: 27-10-2023/1:16PM
NAME	: Mr PRAKASH TAWRI	FATHER/HUSBAND	: LATE. FATEH LAL TAWRI
BILL NO.	: OB48708-23	RECEIPT NO.	: OR59340-23
AGE	: 59 Y	GENDER	: Male
CONSULTANT DR.	: MANOJ LAHOTI	DEPARTMENT	: GASTROENTEROLOGY
REF.BY	: SELF	CATEGORY	: GENERAL
MOB NO.	: 9425244402	DIAGNOSTIC NO	: 231027083
ADDRESS	: HOUSE NO. 211, GANJPARA, SATICHOURA, DURG		

S.No.	Code	Particulars	QTY	Performed	Amount(Rs.)
1		ECG CHARGE	1.00		250.00
2		ECHO	1.00		1500.00
3		CHEST- XRAY	1.00		300.00
				Total	2050.00
				Net Amount Received	2050.00
					2050.00

PAYMENT MODE : DEBIT CARD , , 3289, 1 , 2023 , , 9084,

Two Thousand Fifty Rupees only

Package Service Details

PAID

Authorised Signatory



kaminee kuldeep

Invoice Remarks :

SUYASH INSTITUTE OF MEDICAL SCIENCE PVT. LTD, UNIT-H
Kota, Gudhiyari Road, RAIPUR (C.G.)

Suyash
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Kota Gudhiyari Road, Raipur, C.G 492001

SUYASH HOSPITAL



Claimed with Bajaj Allianz General Insurance
(Co-ctd)

OPD BILL CUM RECEIPT.

UHID NO.	: SH59996	DATE	: 27-10-2023/1:16PM
NAME	: Mr PRAKASH TAWRI	FATHER/HUSBAND	: LATE. FATEH LAL TAWRI
BILL NO.	: OB48707-23	RECEIPT NO.	: OR59339-23
AGE	: 59 Y	GENDER	: Male
CONSULTANT DR.	: MANOJ LAHOTI	DEPARTMENT	: GASTROENTEROLOGY
REF.BY	: SELF	CATEGORY	: GENERAL
MOB NO.	: 9425244402	DIAGNOSTIC NO	: 231027082
ADDRESS	: HOUSE NO. 211, GANJPARA, SATICHOURA, DURG		

S.No.	Code	Particulars	QTY	Performed	Amount(Rs.)
1		SH-8.1	1.00		3625.00
2	1783	NT-PRO BNP	1.00		4315.00
3		USG ABDOMEN	1.00		1200.00
			Total		9140.00
			Net Amount Received		9140.00
					9140.00

PAYMENT MODE : DEBIT CARD , , 3288, 1 , 2023, , 9084,

Nine Thousand One Hundred Forty Rupees only

Package Service Details

ks :

SUYASH INSTITUTE OF MEDICAL SCIENCE PVT. LTD. UNIT-II
Kota, Gudhiyari Road, RAIPUR (C.G.)

Authorised Signatory

PAID
kamineekuldeep