

**IP Final Bill (Detailed)**

IPNo. : 2110 **UHID** : SHHC.24001310
Patient Name : Mrs. BEEBEE JHAN **Admission Date & Time** : 10/02/2025 09:27 pm
Age/Sex : 61 Year(s) /Female **Bill No.** : IDB25000641
Bed No. : 3146 (BMT) **Bill Date** : 17/02/2025
Doctor Name : Dr. Anil Aribandi **Discharge Date & Time** : 17/02/2025 05:14 pm
PAN No./GSTIN : - /36AAOTS6499M1ZB **Doctor Speciality** : Haematology & Bone Marrow Transplant
Patient Type : Cash

Sl. No.	Item Name	Batch No / Exolrv	HSN/ Code	Date	Qty	MRP	Unit Pric	GST%	Patient Amt	Company Amt	Amount(Rs.)
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Bed Charges

1	3146(BMT)		10/02/2025	11/02/2025	1		9,000.00	5.00	9,450.00	0.00	9,450.00
2	3146(BMT)		11/02/2025	12/02/2025	1		9,000.00	5.00	9,450.00	0.00	9,450.00
3	3146(BMT)		12/02/2025	13/02/2025	1		9,000.00	5.00	9,450.00	0.00	9,450.00
4	3146(BMT)		13/02/2025	14/02/2025	1		9,000.00	5.00	9,450.00	0.00	9,450.00
5	3146(BMT)		14/02/2025	15/02/2025	1		9,000.00	5.00	9,450.00	0.00	9,450.00
6	3146(BMT)		15/02/2025	16/02/2025	1		9,000.00	5.00	9,450.00	0.00	9,450.00
7	3146(BMT)		16/02/2025	17/02/2025	1		9,000.00	5.00	9,450.00	0.00	9,450.00

Sub Total : **UHID** : SHHC.24001310 **Amount(Rs.)** : 66,150.00

CONSULTATIONS

8	Dr. Anil Aribandi (Haematology & Bone Marrow Transplantation)		11/02/2025	1		1,000.00	1,000.00	0.00	1,000.00
9	Dr. Anil Aribandi (Haematology & Bone Marrow Transplantation)		12/02/2025	1		1,000.00	1,000.00	0.00	1,000.00
10	Dr. Anil Aribandi (Haematology & Bone Marrow Transplantation)		13/02/2025	1		1,000.00	1,000.00	0.00	1,000.00
11	Dr. Anil Aribandi (Haematology & Bone Marrow Transplantation)		14/02/2025	1		1,000.00	1,000.00	0.00	1,000.00
12	Dr. Anil Aribandi (Haematology & Bone Marrow Transplantation)		15/02/2025	1		1,000.00	1,000.00	0.00	1,000.00
13	Diet Consultation*		17/02/2025	1		400.00	400.00	0.00	400.00
14	Dr. Anil Aribandi*		17/02/2025	3		1,000.00	3,000.00	0.00	3,000.00

Sub Total : **Amount(Rs.)** : 8,400.00

Admission Medical Record Charges

15	Admission Charges		10/02/2025	1		610.00	610.00	0.00	610.00
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Sub Total : **Amount(Rs.)** : 610.00

OP & IP Bedside Services

16	ICU Monitor		11/02/2025	1		1,000.00	1,000.00	0.00	1,000.00
17	GRB5		11/02/2025	1		2,100.00	2,100.00	0.00	2,100.00
18	Infusion Pump		11/02/2025	1		120.00	120.00	0.00	120.00
19	ICU Monitor		11/02/2025	1		430.00	430.00	0.00	430.00
20	ICU Monitor		12/02/2025	1		2,100.00	2,100.00	0.00	2,100.00
21	GRB5		12/02/2025	1		120.00	120.00	0.00	120.00
22	Infusion Pump		12/02/2025	1		430.00	430.00	0.00	430.00
23	ICU Monitor		13/02/2025	1		2,100.00	2,100.00	0.00	2,100.00
24	GRB5		13/02/2025	1		120.00	120.00	0.00	120.00
25	ICU Monitor		14/02/2025	1		2,100.00	2,100.00	0.00	2,100.00
26	GRB5		14/02/2025	1		120.00	120.00	0.00	120.00
27	Dressing Mirror		14/02/2025	1		330.00	330.00	0.00	330.00

Registered Address : Sai Sindhu Foundation, 8-2-203/02/A/583, Road no: 22-D, Jubilee Hills, Hyderabad 500033

Hospital Address : Sindhu Hospitals, Hitec City, Hyderabad, Telangana-500084.



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Age/Sex : 61 Year(s) / Female **Bill No.** : IDB25000641
Bed No. : 3146 (BMT) **Bill Date** : 17/02/2025
Doctor Name : Dr. Anil Aribandi **Discharge Date & Time** : 17/02/2025 05:14 pm
PAN No./GSTIN : - /36AADTS6499M1Z8 **Doctor Speciality** : Haematology & Bone Marrow Transplant
Patient Type : Cash

Sl. No.	Item Name	Batch No / Expiry	HSN/ Code	Date	Qty	MRP	Unit Pric	GST%	Patient Amt	Company Amt	Amount(Rs.)
27	ICU Monitor			15/02/2025	1		2,100.00		2,100.00	0.00	2,100.00
28	GRBS			15/02/2025	1		120.00		120.00	0.00	120.00
29	ICU Monitor			16/02/2025	1		2,100.00		2,100.00	0.00	2,100.00
30	ICU Monitor			17/02/2025	1		2,100.00		2,100.00	0.00	2,100.00
31	GRBS			17/02/2025	1		120.00		120.00	0.00	120.00
32	GRBS			17/02/2025	20		120.00		2,400.00	0.00	2,400.00
33	Syringe Pump Per Day			17/02/2025	2		430.00		860.00	0.00	860.00

Sub Total : 19,870.00 0.00 19,870.00

Laboratory Services

34	CBP (COMPLETE BLOOD PICTURE)			11/02/2025	1		310.00		310.00	0.00	310.00
35	Serum Potassium			11/02/2025	1		320.00		320.00	0.00	320.00
36	Aerobic Blood Culture and Sensitivity			12/02/2025	1		1,160.00		1,160.00	0.00	1,160.00
37	Anaerobic Blood Culture			12/02/2025	1		1,930.00		1,930.00	0.00	1,930.00
38	Serum Procalcitonin			12/02/2025	1		2,400.00		2,400.00	0.00	2,400.00
39	CBP (COMPLETE BLOOD PICTURE)			12/02/2025	1		310.00		310.00	0.00	310.00
40	CRP			12/02/2025	1		680.00		680.00	0.00	680.00
41	Chemo Check (Complete Hemogram,RFT,LFT)			13/02/2025	1		1,410.00		1,410.00	0.00	1,410.00
42	Serum Magnesium			13/02/2025	1		300.00		300.00	0.00	300.00
43	Complete Blood Counts(CBC)			14/02/2025	1		310.00		310.00	0.00	310.00
44	Serum Potassium			15/02/2025	1		320.00		320.00	0.00	320.00
45	Complete Blood Counts(CBC)			15/02/2025	1		310.00		310.00	0.00	310.00
46	Serum Potassium			16/02/2025	1		320.00		320.00	0.00	320.00
47	Complete Blood Counts(CBC)			16/02/2025	1		310.00		310.00	0.00	310.00
48	Chemo Check (Complete Hemogram,RFT,LFT)			17/02/2025	1		1,410.00		1,410.00	0.00	1,410.00
49	Serum Magnesium			17/02/2025	1		300.00		300.00	0.00	300.00

Sub Total : 12,100.00 0.00 12,100.00

Drugs

50	NEUKINE 300MCG VIAL INJ	1470270(11-26)	30045036	11/02/2025	1	615.97	615.97		615.97	0.00	615.97
51	Pantin IV Inj	D24JR066(10-26)	30045036	11/02/2025	2	56.40	56.40		112.80	0.00	112.80
52	NS 100ML FLEXIFLOW BAG ACULIFE	PK240141A(10-27)	30045020	11/02/2025	7	47.10	47.10		329.70	0.00	329.70
53	Chemo Check (Complete Hemogram,RFT,LFT)	L12408010(08-26)	30049099	17/02/2025	1	371.90	371.90		371.90	0.00	371.90
54	KUPEN 1GM INJ	D0032432F(07-26)	30049087	11/02/2025	3	810.00	810.00		2,430.00	0.00	2,430.00

Registered Address : Sai Sindhu Foundation, 8-2-293/82/A/389, Road no: 22-B, Jubilee Hills, Hyderabad 500033

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Bed No. : 3146 (BMT) **Bill Date** : 17/02/2025
Doctor Name : Dr. Anil Aribandi **Discharge Date & Time** : 17/02/2025 05:14 pm
PAN No./GSTIN : - /36AAOTS6499M1Z8 **Doctor Speciality** : Haematology & Bone Marrow Transplant
Patient Type : Cash

Sl. No.	Item Name	Batch No / Expiry	HSN/ Code	Date	Qty	MRP	Unit Price	GST%	Patient Amt	Company Amt	Amount(Rs.)
55	MUCOBENZ MOUTH WASH 200ML	0757(12-26)	30049069	11/02/2025	1	260.00	260.00		260.00	0.00	260.00
56	NACEL 400MG INJ	ACI2420AC(10-26)	30049099	11/02/2025	13	52.80	52.80		686.40	0.00	686.40
57	METOCURE 2ML INJ	MC-117(08-26)	30049099	11/02/2025	6	5.98	5.98		35.88	0.00	35.88
58	METOCURE 2ML INJ	MC-117(08-26)	30049099	11/02/2025	2	5.98	5.98		11.96	0.00	11.96
59	MAGNESIUM SULPHATE 2ML INJ	MS-1263(08-26)	30049099	11/02/2025	6	10.90	10.90		65.40	0.00	65.40
60	NACEL 400MG INJ	ACI2420AC(10-26)	30049099	11/02/2025	10	52.80	52.80		528.00	0.00	528.00
61	KUPEN 1GM INJ	D0032432F(07-26)	30049087	11/02/2025	3	810.00	810.00		2,430.00	0.00	2,430.00
62	LANOL 1GM IV INJ	L12408010(08-26)	30049099	11/02/2025	4	371.90	371.90		1,487.60	0.00	1,487.60
63	Pantin IV Inj	D24JR066(10-26)	30045036	11/02/2025	1	56.40	56.40		56.40	0.00	56.40
64	NEUKINE 300MCG VIAL INJ	1470270(11-26)	30045036	11/02/2025	1	615.97	615.97		615.97	0.00	615.97
65	TECOGRAM 400MG INJ	KI0324009(06-26)	30043190	11/02/2025	1	1,860.00	1,860.00		1,860.00	0.00	1,860.00
66	METOCURE 2ML INJ	MC-117(08-26)	30049099	11/02/2025	1	5.98	5.98		5.98	0.00	5.98
67	NS 100ML FLEXIFLOW BAG ACULIFE	PK240141A(10-27)	30045020	11/02/2025	11	47.10	47.10		518.10	0.00	518.10
68	NEUKINE 300MCG VIAL INJ	1470270(11-26)	30045036	12/02/2025	1	615.97	615.97		615.97	0.00	615.97
69	LANOL 1GM IV INJ	L12408010(08-26)	30049099	12/02/2025	2	371.90	371.90		743.80	0.00	743.80
70	NS 100ML FLEXIVENT BOTTLE ACULIFE	IK246354(10-27)	30045020	12/02/2025	3	47.10	47.10		141.30	0.00	141.30
71	KUPEN 1GM INJ	D0032432F(07-26)	30049087	12/02/2025	3	810.00	810.00		2,430.00	0.00	2,430.00
72	TECOGRAM 400MG INJ	KI0324009(06-26)	30043190	12/02/2025	1	1,860.00	1,860.00		1,860.00	0.00	1,860.00
73	MUCINAC 600 TABS	4SB0523(03-26)	30049099	12/02/2025	10	32.28	32.28		322.80	0.00	322.80
74	PANTIN 40MG TAB	GT24627A(06-27)	30045039	12/02/2025	15	7.40	7.40		111.00	0.00	111.00
75	TECOGRAM 400MG INJ	KI0324009(06-26)	30043190	13/02/2025	1	1,860.00	1,860.00		1,860.00	0.00	1,860.00
76	ALCOHOL SWAB MEDLINE	WB23334P(01-26)	56039200	13/02/2025	10	2.00	2.00		20.00	0.00	20.00
77	MAGNESIUM SULPHATE 2ML INJ	MS-1263(08-26)	30049099	13/02/2025	3	10.90	10.90		32.70	0.00	32.70
78	KUPEN 1GM INJ	D0032432F(07-26)	30049087	13/02/2025	1	810.00	810.00		810.00	0.00	810.00
79	NS 100ML FLEXIFLOW BAG ACULIFE	PK240141A(10-27)	30045020	13/02/2025	11	47.10	47.10		518.10	0.00	518.10

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PAN No./GSTIN : - /36AAOTS6499M1ZB **Doctor Speciality** : Haematology & Bone Marrow Transplant
Patient Type : Cash

Sl. No.	Item Name	Batch No / Expiry	HSN/ Code	Date	Qty	MRP	Unit Pric	GST%	Patient Amt	Company Amt	Amount(Rs.)
80	NEUKINE 300MCG VIAL INJ	1470270(11-26)	30045036	13/02/2025	1	615.97	615.97		615.97	0.00	615.97
81	LEVOFLOX 500 MG TAB	45B0480(03-27)	30045039	14/02/2025	9	10.07	10.07		90.63	0.00	90.63
82	Avil 2MI INJ	2124101(07-27)	30049099	14/02/2025	1	6.16	6.16		6.16	0.00	6.16
83	MUCOBENZ MOUTH WASH	O757(12-26)	30049069	14/02/2025	1	260.00	260.00		260.00	0.00	260.00
84	MUCINAC 600 TABS	45B0523(03-26)	30049099	14/02/2025	1	322.80	322.80		322.80	0.00	322.80
85	LYFLOX 500MG TAB	GT24500B(05-27)	30049099	15/02/2025	1	8.05	8.05		8.05	0.00	8.05
86	REMMAG TAB	DT056(12-27)	30049099	15/02/2025	10	5.50	5.50		55.00	0.00	55.00
87	REMMAG TAB	DT056(12-27)	30049099	16/02/2025	10	5.50	5.50		55.00	0.00	55.00
88	MAGNESIUM SULPHATE 2ML INJ	MS-1263(08-26)	30049099	17/02/2025	2	10.90	10.90		21.80	0.00	21.80
89	NS 100ML FLEXIVENT BOTTLE ACULIFE	1L247245(11-27)	30045020	17/02/2025	1	47.10	47.10		47.10	0.00	47.10
90	MAGVION 400MG TAB	CTF125(11-25)	30049095	17/02/2025	10	7.10	7.10		71.00	0.00	71.00

Sub Total : 23,342.14 0.00 23,342.14

Surgicals/Consumables

91	NITRILE EXAMINATION GLOVE MEDIUM	SLN202302(03-28)	90183110	11/02/2025	1	15.00	15.00		15.00	0.00	15.00
92	SYRINGE LUER LOCK 50ML NIPRO	24F14K68(05-29)	90183990	11/02/2025	4	199.00	199.00		796.00	0.00	796.00
93	INTRAFIX SAFE SET (B BRAUN)	24K05K8061(09-29)	90183100	11/02/2025	3	323.00	323.00		969.00	0.00	969.00
94	POLYFLUSH 10ML (POLYMED)	8513524L(09-27)	90183990	11/02/2025	20	83.00	83.00		1,660.00	0.00	1,660.00
95	SAFE HAND GLOVES MEDIUM STERILE (HICARE)	724(06-29)	39262011	11/02/2025	10	9.00	9.00		90.00	0.00	90.00
96	PROSYTE -SINGLE STANDALONE (HELMIER)	840459/016(07-29)	90183990	11/02/2025	1	338.00	338.00		338.00	0.00	338.00
97	BLOOD SET (POLYMED)	4211824M(10-29)	90183990	11/02/2025	1	183.00	183.00		183.00	0.00	183.00
98	SYRINGE 10ML LUER SLIP NIPRO	24L03K86(11-29)	90183100	11/02/2025	20	27.50	27.50		550.00	0.00	550.00
99	SYRINGE 5ML LUER SLIP NIPRO	24J18K57(09-29)	90183100	11/02/2025	4	21.00	21.00		84.00	0.00	84.00
100	BLOOD TRANSFUSION SET JMS	24091101(08-27)	90183990	11/02/2025	1	283.00	283.00		283.00	0.00	283.00
101	SAFE HAND GLOVES MEDIUM STERILE (HICARE)	724(06-29)	39262011	11/02/2025	10	9.00	9.00		90.00	0.00	90.00
102	SAFE HAND GLOVES MEDIUM STERILE (HICARE)	724(06-29)	39262011	11/02/2025	2	9.00	9.00		18.00	0.00	18.00
103	INTRAFIX SAFE SET (B BRAUN)	24K05K8061(09-29)	90183100	11/02/2025	2	323.00	323.00		646.00	0.00	646.00

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Sl. No.	Item Name	Batch No / Expiry	HSN/ Code	Date	Qty	MRP	Unit Price	GST%	Patient Amt	Company Amt	Amount(Rs.)
104	SYRINGE 10ML LUER SLIP NIPRO	24L03K86(11-29)	90183100	11/02/2025	2	27.50	27.50		55.00	0.00	55.00
105	SYRINGE 10ML LUER SLIP NIPRO	24L03K86(11-29)	90183100	12/02/2025	10	27.50	27.50		275.00	0.00	275.00
106	POLYFLUSH 10ML (POLYMED)	8420124H(07-27)	90183990	12/02/2025	1	83.00	83.00		83.00	0.00	83.00
107	INTRAFIX SAFE SET (B BRAUN)	24K05K8061(09-29)	90183100	12/02/2025	3	323.00	323.00		969.00	0.00	969.00
108	NITRILE EXAMINATION GLOVE MEDIUM	SLN202302(07-28)	90183100	12/02/2025	30	15.00	15.00		450.00	0.00	450.00
109	SAFE HAND GLOVES MEDIUM STERILE (HICARE)	724(06-29)	39262011	12/02/2025	10	9.00	9.00		90.00	0.00	90.00
110	POLYFLUSH 10ML (POLYMED)	8513524L(09-27)	90183990	12/02/2025	14	83.00	83.00		1,162.00	0.00	1,162.00
111	POLYFLUSH 10ML (POLYMED)	8513524L(09-27)	90183990	13/02/2025	8	83.00	83.00		664.00	0.00	664.00
112	SAFE HAND GLOVES MEDIUM STERILE (HICARE)	724(06-29)	39262011	13/02/2025	20	9.00	9.00		180.00	0.00	180.00
113	NIPRO 1ML SYRINGE	24J15K42(09-29)	90183990	13/02/2025	3	15.00	15.00		45.00	0.00	45.00
114	POLYFLUSH 5ML (POLYMED)	8386424H(07-27)	90183990	13/02/2025	15	65.00	65.00		975.00	0.00	975.00
115	SYRINGE 5ML LUER SLIP NIPRO	24J18K57(09-29)	90183100	13/02/2025	5	21.00	21.00		105.00	0.00	105.00
116	SYRINGE 10ML LUER SLIP NIPRO	24L03K86(11-29)	90183100	13/02/2025	10	27.50	27.50		275.00	0.00	275.00
117	SAFE HAND GLOVES MEDIUM STERILE (HICARE)	724(06-29)	39262011	14/02/2025	10	9.00	9.00		90.00	0.00	90.00
118	POLYFLUSH 10ML (POLYMED)	8513524L(09-27)	90183990	16/02/2025	6	83.00	83.00		498.00	0.00	498.00
119	INTRAFIX SAFE SET (B BRAUN)	24K05K8061(09-29)	90183100	16/02/2025	1	323.00	323.00		323.00	0.00	323.00
120	NITRILE EXAMINATION GLOVE MEDIUM (CONTROL D)	SLN202302(07-28)	90183100	17/02/2025	30	15.00	15.00		450.00	0.00	450.00
121	Surgical Blade No 11	806767(05-29)	90183100	17/02/2025	1	5.50	5.50		5.50	0.00	5.50
Sub Total :									12,365.50	0.00	12,365.50

Blood Bank

122	TRANSFUSION CHARGES - PER UNIT	12/02/2025	1	220.00	220.00	0.00	220.00
123	BLOOD BAG IRRADIATION	13/02/2025	1	1,000.00	1,000.00	0.00	1,000.00
124	SDP - SINGLE DONAR PLATELETS WITH PAS	13/02/2025	1	16,900.00	16,900.00	0.00	16,900.00
125	Cross Matching Charges	13/02/2025	1	280.00	280.00	0.00	280.00
126	BLOOD BAG IRRADIATION	13/02/2025	1	1,000.00	1,000.00	0.00	1,000.00
127	PACKED CELLS WITHOUT REPLACEMENT	13/02/2025	1	2,450.00	2,450.00	0.00	2,450.00
128	TRANSFUSION CHARGES - PER UNIT	13/02/2025	1	220.00	220.00	0.00	220.00

Registered Address : Sai Sindhu Foundation, 8-2-293/82/A/389, Road no: 22-B, Jubilee Hills, Hyderabad 500033

Hospital Address : Sindhu Hospital Campus, Hitec City, Hyderabad - 500084, Telangana.

Page 5 of 6



IP Final Bill (Detailed)

IPNo. : 2110 UHID : SHHC.24001310
Patient Name : Mrs. BEEBEE JHAN Admission Date & Time : 10/02/2025 09:27 pm
Age/Sex : 61 Year(s) / Female Bill No. : IDB25000641
Bed No. : 3146 (BMT) Bill Date : 17/02/2025
Doctor Name : Dr. Anil Aribandi Discharge Date & Time : 17/02/2025 05:14 pm
PAN No./GSTIN : - /36AAOTS6499M1Z8 Doctor Speciality : Haematology & Bone Marrow Transplant
Patient Type : Cash

Sl. No.	Item Name	Batch No / Expiry	HSN/ Code	Date	Qty	MRP	Unit Price	GST%	Patient Amt	Company Amt	Amount(Rs.)
129	BLOOD BAG IRRADIATION			14/02/2025	1		1,000.00		1,000.00	0.00	1,000.00
130	SOP - SINGLE DONAR PLATELETS WITH PAS			14/02/2025	1		16,900.00		16,900.00	0.00	16,900.00
131	TRANSFUSION CHARGES - PER UNIT			14/02/2025	1		220.00		220.00	0.00	220.00
132	TRANSFUSION CHARGES - PER UNIT			15/02/2025	1		220.00		220.00	0.00	220.00
Sub Total :									40,410.00	0.00	40,410.00
Grand Total :									183247.64	0.00	183247.64

AMOUNT : THIRTY-THREE THOUSAND EIGHT HUNDRED RUPEES ONLY

Gross Bill Amount : Rs. 183,247.64
Round off Value : Rs. 0.36
Bill(Round off) : Rs. 183,248.00
Discount Amount : Rs. 149,448.00
Net Bill Amount : Rs. 33,800.00
Deposit/Receipt : Rs. 33,800.00

Deposit Details/Receipt :

SNo.	Date	MOP	ReceiptNo	Amount	Remark
1	17-Feb-2025	DEBIT CARD	IDP25001153	33,800.00	
2	17-Feb-2025	CASH	ISR25000680	0.00	
Net Deposit/Receipt Amount				33,800.00	

Discount Reason : Discount

GST :	5%	12%	18%	28%	Total
CGST :	1,575.00	0.00	0.00	0.00	1,575.00
SGST :	1,575.00	0.00	0.00	0.00	1,575.00
Total :	3,150.00	0.00	0.00	0.00	3,150.00

GST Amount (in words) : THREE THOUSAND ONE HUNDRED FIFTY RUPEES ONLY

Suvartha Raju
Signature

Signature of Patient/Next of Kin



Registered Address : Sai Sindhu Foundation, 8-2-293/82/A/389, Road no: 22-B, Jubilee Hills, Hyderabad 500033

Hospital Address : Sindhu Hospital Campus, Hitec City, Hyderabad - 500084, Telangana.



Registered Address : Sal Sindhu Foundation, 8-2-293/82/A/389, Road no: 22-B, Jubilee Hills, Hyderabad 500033
Hospital Address : Sindhu Hospital Campus, Hitec City, Hyderabad - 500084, Telangana.

info@sindhuhospitals.com

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Deposit/Advanced Receipt

IPNO : 2110 UHID : SHHC.24001310
Patient Name : Mrs. BEEBEE JHAN Receipt No. : IDP25001153
Doctor : Dr. Anil Aribandi Receipt Date : 17-Feb-2025 5:13 pm
Bed : 3146 AdmitDate&Time : 10-Feb-2025 9:27 pm
Deposit receipt No : IDP25001153

Sl.No.	Mode of payment	Amount (Rs.)
1	DEBIT CARD	33800.00

Debit Card : XXXXXXXXXX8408
Approval Number : 504817806146
Bank Name : Union Bank of India
Card Name : RUPAY

Amount In Words : Rs. Thirty-Three Thousand Eight Hundred Only

Total Amount :- 33,800.00

on account of IP No. 2110

IPReceivedby Mr. Mahabub
IPRelationship Son

