



# Action Cancer Hospital

World-class Care



## Bill of Supply

GSTIN : 07AABTM0270H2ZT PAN : AABTM0270H State : Delhi, State Code : 07

**I.P. No.** : AC25/5640 **Original** **Bill No.** : AIPC2526/296

**UHID** : 300141730 **Bill Date** : 15/04/2025 05:30

**Patient Name** : Mrs. MEENA JAIN **Consultant** : Dr. SS UNIT ( Dr. Sushant Mittal, Dr. Samit Purohit)

**Gender/Age** : 68 Yrs/Female **D.O.A** : 14/04/2025 11:19

**Contact No** : 9711808239 **D.O.D** : 15/04/2025 14:37

**Address** : 29/23 SHAKTI NAGAR DELHINEW DELHI, New Delhi **Bed No/Ward** : 221-2/2F-5W

**Payer** : Private Patient **Billing Category** : Economy

**Sponsor** : Private Patient **Adm. Category** : Economy

**Doctor Team** : SS UNIT( Sushant Mittal, Samit Purohit) **SAC Code** : 999311

**Policy No** : PAN/Form60 : 978

No. of Days : 1

### Economy

S#	Particulars	Code	Gross Amt	Net Amt	Patient Amt
1	ADMISSION CHARGES		600.00	600.00	600.00
2	ROOM CHARGES				
	Economy ( 5700 X 1 )		5700.00	5700.00	5700.00
3	COMMON PROCEDURE		2090.00	2090.00	2090.00
4	CONSULTATION		2800.00	2800.00	2800.00
5	Nuclear Medicine		24200.00	24200.00	24200.00
6	NUTRITION CONSULTATION		600.00	600.00	600.00
7	ROUND OFF		-0.09	-0.09	-0.09
8	IP PHARMACY-BASEMENT - ACH (ISSUE)		9241.79	9241.79	9241.79
9	IP PHARMACY-BASEMENT - ACH (RETURN)		-340.70	-340.70	-340.70
			44891.00	0.00	44891.00

Bill Settled

Gross Amount **44891.00**

GST On Room Rent(5%) **285.00**

Net Amount **45176.00**

Amount Received Rs.(-) **45176.00**

Balance **0.00**

Net Amount In Words:(Rs.) Forty Five Thousand One Hundred Seventy Six only .

Remarks:

### Advance/Payment Details

Receipt/Ref no	Receipt/Ref Date	Received/Ref Amt	Adjusted Amount	Mode	Remarks
ABA2526/1019(Settled)	14/04/2025 11:40	10000.00	10000.00	Cash	2025/04/15
ABA2526/1161(Settled)	15/04/2025 17:32	35176.00	35176.00	Cash / Credit Card	2025/04/15

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H-2/FC-34, A-4, Paschim Vihar, New Delhi-110063

Tel.: 011-49-222-222, E-mail: ach@actioncancerhospital.com, Website: www.actioncancerhospital.com

A UNIT OF MANAV SEVARTH TRUST





### In-patient bill (Details)

GSTIN : 07AABTM0270H2ZT PAN : AABTM0270H Hospital Reg. No. : DGHS/NH/831

<b>I.P. No.</b>	: AC25/5640	<b>Original</b>	<b>Bill No.</b>	AIPC2526/296
<b>UHID</b>	: 300141730		<b>Bill Date</b>	15/04/2025 05:30 PM
<b>Patient Name</b>	: Mrs. MEENA JAIN		<b>Consultant</b>	Dr. SS UNIT ( Dr. Sushant Mittal, Dr. Samit Purohit)
<b>Gender/Age</b>	: Female/68 Yr		<b>Adm. Category</b>	Economy
<b>Contact No</b>	: 9711808239		<b>D.O.A</b>	14/04/2025 11:19
<b>Address</b>	: 29/23 SHAKTI NAGAR DELHINEW DELHI		<b>D.O.D</b>	15/04/2025 14:37
<b>Payer</b>	: Private Patient		<b>Bed No/Ward</b>	221-2/2F-5W
<b>Sponsor</b>	: Private Patient		<b>Dis. Category</b>	Economy
<b>Team Doctor</b>	: SS UNIT( Sushant Mittal, Samit Purohit)		<b>Member ID</b>	
<b>Policy No</b>	:		<b>Pan Card/ Form 60</b>	978
<b>ID Card No</b>	:		<b>Card Holder</b>	
<b>CardHolder Name</b>	:		<b>Insurance Co.</b>	

Date	Particulars	Code	Rate	Qty	Amount
<b>ADMISSION CHARGES</b>					
14/04/2025	ADMISSION CHARGES		600.00	1	600.00
	<b>Total for ADMISSION CHARGES</b>				<b>600.00</b>
<b>ROOM CHARGES</b>					
14/04/2025	Economy		5700.00	1	5700.00
	<b>Total for ROOM CHARGES</b>				<b>5700.00</b>
<b>COMMON PROCEDURE</b>					
14/04/2025	Inj Iron Therapy (Dr. SS UNIT )		2090.00	1	2090.00
	<b>Total for COMMON PROCEDURE</b>				<b>2090.00</b>
<b>CONSULTATION</b>					
<b>Dr. SS UNIT ( Dr. Sushant Mittal, Dr. Samit Purohit )</b>					
14/04/2025	FIRST VISIT (Dr. SS UNIT)		1000.00	1	1000.00
14/04/2025	SECOND VISIT (Dr. SS UNIT)		800.00	1	800.00
15/04/2025	FIRST VISIT (Dr. SS UNIT)		1000.00	1	1000.00
	<b>Total of Dr. SS UNIT ( Dr. Sushant Mittal, Dr. Samit Purohit )</b>				<b>2800.00</b>
	<b>Total for CONSULTATION</b>				<b>2800.00</b>
<b>Nuclear Medicine</b>					
14/04/2025	PET CT Whole Body with Contrast		24200.00	1	24200.00
	<b>Total for Nuclear Medicine</b>				<b>24200.00</b>
<b>NUTRITION CONSULTATION</b>					
14/04/2025	NUTRITION CONSULTATION		600.00	1	600.00
	<b>Total for NUTRITION CONSULTATION</b>				<b>600.00</b>
<b>IP PHARMACY-BASEMENT - ACH (ISSUE)</b>					
14/04/2025	CARBOZET (FERRIC CARBOXYMALTOSE 50MG/ML) INJ 10ML 1X1- TYYKEM		4500.00	1.00	4500.00
14/04/2025	FEBUTAZ 40MG TAB 1X15		16.40	5.00	82.00
14/04/2025	NEEDLE 16GX1.5-NIPRO		4.60	2.00	9.20
14/04/2025	TAXIM O TAB 200MG 1X10- ALKEM		10.95	5.00	54.75





I.P. No. : ACE5/5640		UNID : 300141730		Patient Name : Mrs. MEENA JAIN		Bill No. : AIPC2526/296	
14/04/2025	NEUKINE 300MCG PFS INJ, INTAS	1299.17	1.00	1299.17			
14/04/2025	NS 250ML (AQUA PULSE), DENIS	69.50	1.00	69.50			
14/04/2025	RELIDERM IV WINDOW FRAME (7X9CM) W0709, GHC	208.00	1.00	208.00			
14/04/2025	SMARTSITE SINGLE EXTENSION, BD	421.00	1.00	421.00			
14/04/2025	SYRINGE 10ML + NEEDLE (21X1.5), NIPRO	27.50	4.00	110.00			
14/04/2025	SYRINGE PREFILLED 10ML, POLYMED	83.00	4.00	332.00			
14/04/2025	VENFLON PRO SAFETY 22G, BD	485.00	1.00	485.00			
14/04/2025	IV INFUSION TRANS FLOW-FLOVI, MEDIKIT	372.00	1.00	372.00			
15/04/2025	NEUKINE 300MCG PFS INJ, INTAS	1299.17	1.00	1299.17			
Total for IP PHARMACY-BASEMENT - ACH (ISSUE)				9241.79			
<b>IP PHARMACY-BASEMENT - ACH (RETURN)</b>							
15/04/2025	SYRINGE PREFILLED 10ML, POLYMED	83.00	3.00	-249.00			
15/04/2025	SYRINGE 10ML + NEEDLE (21X1.5), NIPRO	27.50	3.00	-82.50			
15/04/2025	NEEDLE 16GX1.5-NIPRO	4.60	2.00	-9.20			
Total for IP PHARMACY-BASEMENT - ACH (RETURN)				-340.70			
<b>ROUND OFF</b>							
15/04/2025	ROUND OFF	-0.09	1	-0.09			
Total for ROUND OFF				-0.09			
Bill Settled							
Total Amount				44891.00			
GST On				285.00			
Room Rent (5%)							
Net Amount				45176.00			
Net Amount (Incl. Tax)				45176.00			
Amount Received Rs. (-)				45176.00			
Balance				0.00			

Remarks:

Advance/Payment Details					
Receipt/Ref no	Receipt/Ref Date	Received/Ref Amt	Adjusted Amount	Mode	Remark
ABA2526/1019(Settled)	14/04/2025 11:40	10000.00	10000.00	Cash	2025/04/15
ABA2526/1161(Settled)	15/04/2025 17:32	35176.00	35176.00	Cash / Credit Card	2025/04/15

Patient's /Attendant's Signature

Authorised Signatory  
TARUN KUMAR