

**GSTIN : 33AAACA5443N3ZN**

**OP Cash Bill - Bill of Supply**

**Reference No :**

**Name :** Mrs. PADMAVATHI S  
**Age :** 58Yr 0Mth 0Days  
**Sex :** Female

**UHID:** AC09.0000049767



**Spouse Name :** SELLAPANDIAN

**OP Number:** CSPOPP368971



**Address :** NO 3/261 VOC STREET  
KARAPAKKAM Chennai Tamil Nadu  
India, CellNo:91-9094983648

**Doctor's Name :** Dr. RAJSRI JOTHI SHANKAR  
**Speciality :** OBSTETRICS AND GYNAECOLOGY

**Bill No :** CSP-OCS-334270

**Date :** 26-Aug-19 **Time :** 14:43:26

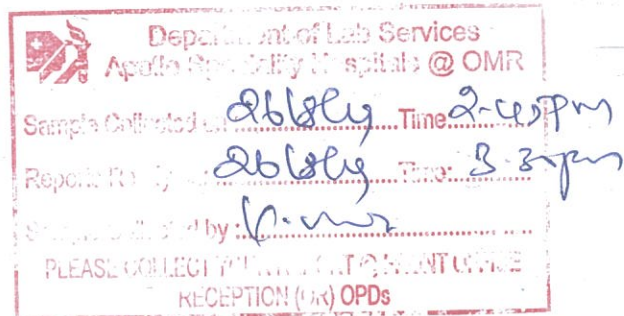


**Bill Amount: ₹. 590.00**

**FOR APOLLO HOSPITALS**

Amount in words: ₹ Five Hundred Ninety Only

S.No	Service Type/Service Name	Department	Quantity	Amount
1	Profile(9993)			
1	ACE PACKAGE	BioChemistry	1	590.00
		<b>Sub Total</b>		<b>590.00</b>



<b>Service Amount :</b>	590.00
<b>Total Bill Amount</b>	590.00
<b>Final Payment</b> (Cash:0.00, NonCash:590.00)	590.00

**No Tax is Payable on Reverse Charge Basis**  
**Receipt Details: Received with thanks sum of ₹. 590.00 (CARD)**  
**₹ Five Hundred Ninety Only From Mrs. PADMAVATHI S**

\* Denotes Cancelled Services  
(QR) Denotes Quick Registration

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For enquires, appointments & Telemedicine consultations contact : **044 - 40401066**

# 05/639, Old Mahabalipuram Road, Chennai - 600 097, Tamil Nadu, India, Phone : 044 - 33221111 / 24961111

E-mail : ash\_omr@apollohospitals.com www.apollohospitals.com

REGISTERED OFFICE : Apollo Hospitals Enterprise Limited, No. 19, Bishop Gardens, Raja Annamalaipuram, Chennai - 600 028.

Corporate Identity Number (CIN) L85110TN1979PLC008035



<b>GSTIN : 33AAACA5443N3ZN</b>		<b>OP Cash Bill - Bill of Supply</b>		<b>Reference No :</b>	
<b>Name :</b> Mrs. PADAMAVATHI S <b>Age :</b> 58Yr 0Mth 0Days <b>Spouse Name :</b> SELLAPANDIAN <b>Sex :</b> Female <b>Address :</b> NO 3/261 VOC STREET KARAPAKKAM Chennai Tamil Nadu India, CellNo:91-9094983648			<b>UHID:</b> AC09.0000049767  <b>OP Number:</b> CACOPP224889 		
<b>Doctor's Name :</b> Dr. RAJSRI JOTHI SHANKAR <b>Speciality :</b> OBSTETRICS AND GYNAECOLOGY			<b>Bill No :</b> CAC-OCS-210874 <b>Date :</b> 26-Aug-19 <b>Time :</b> 11:50:17 		
<b>Bill Amount: ₹. 2,100.00</b> Amount in words: ₹ Two Thousand One Hundred Only			FOR APOLLO HOSPITALS		
<b>S.No</b>	<b>Service Type/Service Name</b>	<b>Department</b>	<b>Quantity</b>	<b>Amount</b>	
1	Investigations(9993)				
1	ULTRASOUND PELVIS	Ultrasound Radiology	1	2,100.00	
	<b>Sub Total</b>			<b>2,100.00</b>	
<b>Service Amount :</b>			2,100.00		
<b>Total Bill Amount</b>			2,100.00		
<b>Final Payment</b> (Cash:0.00, NonCash:2,100.00)			2,100.00		
No Tax is Payable on Reverse Charge Basis Receipt Details: Received with thanks sum of ₹. 2,100.00 (CARD) ₹ Two Thousand One Hundred Only From Mrs. PADAMAVATHI S					
* Denotes Cancelled Services (QR) Denotes Quick Registration					
Mr. Felix X Cashier					
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<b>GSTIN : 33AAACA5443N3ZN</b>		<b>OP Cash Bill -Bill of Supply</b>		<b>Reference No :</b>	
<b>Name :</b> Mrs. PADMAVATHI S <b>Spouse Name :</b> SELLAPANDIAN <b>Address :</b> NO 3/261 VOC STREET KARAPAKKAM Chennai Tamil Nadu India, CellNo:91-9094983648		<b>Age :</b> 58Yr 0Mth 0Days <b>Sex :</b> Female		<b>UHID:</b> AC09.0000049767  <b>OP Number:</b> CSPOPP369018 	
<b>Doctor's Name :</b> Dr. RAJSRI JOTHI SHANKAR <b>Speciality :</b> OBSTETRICS AND GYNAECOLOGY		<b>Bill No :</b> CSP-OCS-334305 <b>Date :</b> 26-Aug-19 <b>Time :</b> 15:48:24 			
<b>Bill Amount: ₹. 15,300.00</b>		<b>FOR APOLLO HOSPITALS</b>			
Amount in words: ₹ Fifteen Thousand Three Hundred Only					
<b>S.No</b>	<b>Service Type/Service Name</b>	<b>Department</b>	<b>Quantity</b>	<b>Amount</b>	
1	Investigations(9993)				
1	CT SCAN WHOLE ABDOMEN WITH CONTRAST	C T Scan Radiology	1	15,300.00	
	<b>Sub Total</b>			<b>15,300.00</b>	
<b>Service Amount :</b>			15,300.00		
<b>Total Bill Amount</b>			15,300.00		
<b>Final Payment</b>			15,300.00		
<b>No Tax is Payable on Reverse Charge Basis</b> <b>Receipt Details: Received with thanks sum of ₹. 15,300.00 (CARD)</b> <b>₹ Fifteen Thousand Three Hundred Only From Mrs. PADMAVATHI S</b>					
* Denotes Cancelled Services (QR) Denotes Quick Registration					
<i>Keep the records carefully and bring them along during your next visit to our hospital</i>					
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>   <b>Mr. Sai Goutham R</b>  <b>Cashier</b> </div> <div> <b>For enquires, appointments &amp; Telemedicine consultations contact : 044 - 40401066</b> </div> <div>   <b>Authorized Signatory</b> </div> </div>					



<b>GSTIN : 33AAACA5443N3ZN</b>		<b>OP Cash Bill - Bill of Supply</b>		<b>Reference No :</b>	
<b>Name :</b> Mrs. PADMAVATHI S <b>Age :</b> 58Yr 0Mth 1Days <b>Spouse Name :</b> SELLAPANDIAN <b>Address :</b> NO 3/261 VOC STREET KARAPAKKAM Chennai Tamil Nadu India, CellNo:91-9094983648		<b>Sex :</b> Female  <b>UHID:</b> AC09.0000049767 		<b>OP Number:</b> CACOPP225135 	
<b>Doctor's Name :</b> Dr. RAJSRI JOTHI SHANKAR <b>Speciality :</b> OBSTETRICS AND GYNAECOLOGY		<b>Bill No :</b> CAC-OCS-211094 <b>Date :</b> 27-Aug-19 <b>Time :</b> 14:15:05 			
<b>Bill Amount: ₹. 6,540.00</b> Amount in words: ₹ Six Thousand Five Hundred Forty Only		<b>FOR APOLLO HOSPITALS</b>			

S.No	Service Type/Service Name	Department	Quantity	Amount
1	Investigations(9993)			
1	HIV I AND II ELISA	Microbiology	1	1,650.00
2	CBC	Haematology	1	500.00
3	BLOOD GROUPING AND TYPING (ABO and Rh)	Blood Bank - 2 Services	1	540.00
4	TSH: THYROID STIMULATING HORMONE - SERUM	BioChemistry	1	1,000.00
5	URINE ROUTINE (CUE)	Haematology	1	290.00
6	GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD	BioChemistry	1	800.00
7	HBsAg	Microbiology	1	1,100.00
8	ECG	CARDIOLOGY	1	370.00
9	GLUCOSE - SERUM / PLASMA (RANDOM)	BioChemistry	1	290.00
<b>Sub Total</b>				<b>6,540.00</b>

**Service Amount :**

**Total Bill Amount**

**Final Payment** (Cash:0.00, NonCash:6,540.00)

**APOLLO MEDICAL CENTRE**  
 Karapakkam, Chennai - 600 097.

Kindly Collect your Lab Reports at  
 Sample Collection Area

Date 28-08-19 Time 10:30 am

6,540.00

6,540.00

6,540.00

**No Tax is Payable on Reverse Charge Basis**

**Receipt Details:** Received with thanks sum of ₹. 6,540.00 (CARD)


**₹ Six Thousand Five Hundred Forty Only From Mrs. PADMAVATHI S**

\* Denotes Cancelled Services  
(QR) Denotes Quick Registration

Mr. Felix X

**Cashier**

Authorized Signatory



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GSTIN : 33AAACA5443N3ZN

OP Cash Bill - Bill of Supply

Reference No :

Name : Mrs. PADMAVATHI S Age : 58Yr 0Mth 1Days  
Sex : Female

Spouse Name : SELLAPANDIAN

Address : NO 3/261 VOC STREET  
KARAPAKKAM Chennai Tamil Nadu  
India, CellNo:91-9094983648

UHID: AC09.0000049767



OP Number: CACOPP225132



Doctor's Name : Dr. RAJSRI JOTHI SHANKAR  
Speciality : OBSTETRICS AND GYNAECOLOGY

Bill No : CAC-OCS-211091

Date : 27-Aug-19 Time : 14:01:21



Bill Amount: ₹. 3,270.00

FOR APOLLO HOSPITALS

Amount in words: ₹ Three Thousand Two Hundred Seventy Only

S.No	Service Type/Service Name	Department	Quantity	Amount
1	CSSD(9993)			
1	CUT-DOWN TRAY	CSSD	1	320.00
		Sub Total		320.00
2	Investigations(9993)			
1	HISTOPATHOLOGY TEST [SMALL]	Histopathology	1	950.00
		Sub Total		950.00
3	Professional Charges(9993)			
1	PROFESSIONAL CHARGES	Medical	1	2,000.00
		Sub Total		2,000.00
Service Amount :				3,270.00
Total Bill Amount				3,270.00
Final Payment (Cash:0.00, NonCash:3,270.00)				3,270.00

No Tax is Payable on Reverse Charge Basis

Receipt Details: Received with thanks sum of ₹. 3,270.00 (CARD)

₹ Three Thousand Two Hundred Seventy Only From Mrs. PADMAVATHI S

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(QR) Denotes Quick Registration

Mr. Felix X

Cashier

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Apollo Medical Centre : 2/319, OMR, Karapakkam, Chennai - 600 097. Tel : 044 - 2450 5700 / 3070 7777

REGISTERED OFFICE : Apollo Hospitals Enterprise Limited, No.19, Bishop Gardens, Raja Annamalaipuram, Chennai - 600 028

Corporate Identity Number (CIN) L85110TN1979PLC008035



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<b>Doctor's Name :</b> Dr. RAJSRI JOTHI SHANKAR <b>Speciality :</b> OBSTETRICS AND GYNAECOLOGY		<b>Bill No :</b> CSP-OCS-334707 <b>Date :</b> 28-Aug-19 <b>Time :</b> 9:55:36 			
<b>Bill Amount: ₹. 3,500.00</b> Amount in words: ₹ Three Thousand Five Hundred Only		FOR APOLLO HOSPITALS			
<b>S.No</b>	<b>Service Type/Service Name</b>	<b>Department</b>	<b>Quantity</b>	<b>Amount</b>	
1	Investigations(9993)				
1	2D-ECHO WITH COLOUR DOPPLER	CARDIOLOGY	1	3,500.00	
<b>Sub Total</b>				<b>3,500.00</b>	
<b>Service Amount :</b>			3,500.00		
<b>Total Bill Amount</b>			3,500.00		
<b>Final Payment</b>			3,500.00		
<b>No Tax is Payable on Reverse Charge Basis</b> <b>Receipt Details: Received with thanks sum of ₹. 3,500.00 (CARD)</b> <b>₹ Three Thousand Five Hundred Only From Mrs. PADMAVATHI S</b>					
* Denotes Cancelled Services (QR) Denotes Quick Registration					
Mr. Sivanandhan M					
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# 05/639, Old Mahabalipuram Road, Chennai - 600 097, Tamil Nadu, India, Phone : 044 - 33221111 / 24961111

E-mail : ash\_omr@apollohospitals.com www.apollohospitals.com

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<b>Doctor's Name</b> : DR. KAMALAKKANNAN THULASIDOSS <b>Speciality</b> : ANAESTHESIOLOGY		<b>Bill No</b> : CAC-OCS-211259 <b>Date</b> : 28-Aug-19 <b>Time</b> : 14:18:27 			
<b>Bill Amount</b> : ₹. 1,930.00 Amount in words: ₹ One Thousand Nine Hundred Thirty Only		FOR APOLLO HOSPITALS			
<b>S.No</b>	<b>Service Type/Service Name</b>	<b>Department</b>	<b>Quantity</b>	<b>Amount</b>	
1	Consultation(9993)				
1	DOCTOR CONSULTATION	Medical	1	500.00	
	<b>Sub Total</b>			<b>500.00</b>	
2	Investigations(9993)				
1	ACTIVATED PARTIAL THROMBOPLASTIN TIME	Haematology	1	740.00	
2	PROTHROMBIN TIME	Haematology	1	690.00	
	<b>Sub Total</b>			<b>1,430.00</b>	
					
<b>Service Amount :</b>			1,930.00		
<b>Total Bill Amount</b>			1,930.00		
<b>Final Payment</b> (Cash:0.00, NonCash:1,930.00)			1,930.00		
No Tax is Payable on Reverse Charge Basis Receipt Details: Received with thanks sum of ₹. 1,930.00 (CARD) ₹ One Thousand Nine Hundred Thirty Only From Mrs. PADMAVATHI S					
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Ms. Anusuya Kannan Cashier					

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Page 1 of 1

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<b>Doctor's Name :</b> DR. KAMALAKKANNAN THULASIDOSS <b>Speciality :</b> ANAESTHESIOLOGY		<b>Bill No :</b> CSP-OCS-334953 <b>Date :</b> 28-Aug-19 <b>Time :</b> 19:57:45 			
<b>Bill Amount: ₹. 690.00</b> Amount in words: ₹ Six Hundred Ninety Only		<b>FOR APOLLO HOSPITALS</b>			
<b>S.No</b>	<b>Service Type/Service Name</b>	<b>Department</b>	<b>Quantity</b>	<b>Amount</b>	
1	Investigations(9993)				
1	X-RAY CHEST PA	X Ray	1	690.00	
<b>Sub Total</b>				<b>690.00</b>	
<div style="position: relative;"> <div style="position: absolute; top: 10px; left: 10px; color: blue; font-family: cursive;">           1121364            1000000         </div> </div>					
<b>Service Amount :</b>			690.00		
<b>Total Bill Amount</b>			690.00		
<b>Final Payment</b> (Cash:0.00, NonCash:690.00)			690.00		
<b>No Tax is Payable on Reverse Charge Basis</b> <b>Receipt Details: Received with thanks sum of ₹. 690.00 (CARD)</b> <b>₹ Six Hundred Ninety Only From Mrs. PADMAVATHI S</b>					
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