

GSTIN : 33AAACA5443N3ZN

OP Cash Bill - Bill of Supply

Reference No :



DIAL 1066

Saving time. Saving lives

Name : Mrs. PREMAVATHY KANNADASAN
Age : 33Yr 3Mth 26Days
Sex : Female

UHID: AC01.0005441370



Father Name : KANNADASAN RATHINAPILLAI
Address : 20 BHARATHIDASAN STREET
 MANAVALANAGAR Chennai Tamil Nadu India 602002,
 CellNo:91-9962312186

OP Number: CHNAH963051



Pan Number:

Doctor's Name : Dr. APHC Immigration
Speciality : GENERAL MEDICINE

Bill No : CMH-OCS-7408802

Date : 23-Oct-24 Time : 9:26:37



Bill Amount: ₹. 8,200.00

FOR APOLLO HOSPITALS

Amount in words: ₹ Eight Thousand Two Hundred Only

S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	Health Checkup(999311)					
1	CANADIAN IMMIGRATION PACK IV - ABOVE 15 YEARS	Apollo Health Check	1	8,200.00	0.00	8,200.00
					Sub Total	8,200.00

Service Amount :	8,200.00
Total Bill Amount	8,200.00
Final Payment (Cash:0.00, NonCash:8,200.00)	8,200.00

No Tax is Payable on Reverse Charge Basis

Receipt Details: Received with thanks sum of ₹. 8,200.00 (CARD)

₹ Eight Thousand Two Hundred Only From Mrs. PREMAVATHY KANNADASAN

* Denotes Cancelled Services
 (QR) Denotes Quick Registration

Authorized Signatory

Mr. Barathkargil S

Cashier

Online Payment access- <https://pay.apollohospitals.com>

Keep the records carefully and bring them along during your next visit to our hospital

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

Registered Office : APOLLO HOSPITALS ENTERPRISE LIMITED No.19, Bishop Gardens, Raja Annamalaipuram, Chennai- 600 028, CIN-L85110TN1979PLC008035

APOLLO HOSPITALS : 21, Greaves Lane, Off Greaves Road, Chennai 600 006. Phone: 044 2829 3333, 2829 0200 Fax: 044 2829 4429

e.mail: enquiry@apollohospitals.com Website: www.apollohospitals.com



Organization Accredited by Joint Commission International

Name : Mrs. PREMAVATHY
KANNADASAN

OP Number: CHNAH963051

Bill No: CMH-OCS-7408802

Package Information

S.No	Service Type/Service Name	Department
1	CANADIAN IMMIGRATION PACK IV - ABOVE 15 YEARS	
1	AIDS TEST / HIV (ELISA)	Microbiology
2	CREATININE - SERUM / PLASMA	BioChemistry
3	PHYSICAL EXAMINATION/CONSULTATION BY INTERNAL MEDICINE SPECIALIST	General Medicine
4	URINE ROUTINE (CUE)	Haematology
5	VDRL (QUALITATIVE) - BLOOD	Microbiology
6	X-RAY CHEST PA	X Ray

Note: Cancellation of individual test will not be refunded.

Amount saved on availing Health Check Package INR 0

Save on Tax under 80 D - up to 30% of Rs 5000 /- (amount spent on Preventive Health Check)

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