



Annai Velankanni Multispeciality Hospital

MuruganKurichi, Palayamkottai, Tirunelveli, Tamil Nadu

Phone : 0462-4000014/16

Email: Info@avhospitals.co.in Website: www.avhospitals.co.in

In-patient bill (Details)



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| | | | | |
|--------------|--|----------|---------------|-------------------------|
| I.P. No. | : 24/1873 | Original | Bill No. | : IPCA/25/13949 |
| UHID | : 1010049 | | Bill Date | : 11/10/2024 11:10 AM |
| Patient Name | : Baby Of VITHYAA LAXMI S | | Consultant | : Dr. BANUMATHI RAJ |
| Gender/Age | : Female/8 Days | | Adm. Category | : BABY BED |
| Contact No | : 9487307192 | | D.O.A | : 03/10/2024 05:49 |
| Address | : 301,15TH CROSS STREET,KOODEESWARAN NAGAR,TIRUNELVELI | | D.O.D | : 11/10/2024 11:08AM |
| Payer | : CASH PAY | | Bed No/Ward | : BABY BED 09/BABY WARD |
| Sponsor | : CASH PAY | | Dis. Category | : BABY BED |

| Date | Particulars | Rate | Qty | Amount |
|-----------------------------------|----------------------------|---------|-------|-----------------|
| WARD | | | | |
| 09/10/2024 12:00 - IP25/25314 | NURSING CHARGES | 200.00 | 1.00 | 0.00 |
| 09/10/2024 12:00 - IP25/25314 | DMO CHARGES | 300.00 | 1.00 | 0.00 |
| 10/10/2024 12:00 - IP25/25314 | NURSING CHARGES | 200.00 | 1.00 | 0.00 |
| 10/10/2024 12:00 - IP25/25314 | DMO CHARGES | 300.00 | 1.00 | 0.00 |
| 11/10/2024 10:17 - IP25/26314 | DMO CHARGES | 300.00 | 1.00 | 0.00 |
| 11/10/2024 10:17 - IP25/26314 | NURSING CHARGES | 200.00 | 1.00 | 0.00 |
| Total for WARD | | | | 1500.00 |
| PROCEDURES | | | | |
| 03/10/2024 05:49 - IP25/25090 | Mobile X Ray | 50.00 | 1.00 | 0.00 |
| 03/10/2024 05:49 - IP25/25082 | Disinfection Charges | 200.00 | 1.00 | 0.00 |
| 04/10/2024 16:14 - IP25/25440 | Glucometer | 100.00 | 8.00 | 0.00 |
| 07/10/2024 12:25 - IP25/25722 | Hearing Echo Evaluation | 1000.00 | 1.00 | 0.00 |
| 07/10/2024 12:25 - IP25/25723 | Glucometer | 100.00 | 12.00 | 0.00 |
| 11/10/2024 10:11 - IP25/26310 | Phototherapy Charges | 500.00 | 1.00 | 0.00 |
| 11/10/2024 10:15 - IP25/26313 | Glucometer | 100.00 | 8.00 | 0.00 |
| Total for PROCEDURES | | | | 4550.00 |
| IMAGING SERVICES | | | | |
| 03/10/2024 05:49 - IP25/25090 | Chest AP / PA | 300.00 | 1.00 | 0.00 |
| Total for IMAGING SERVICES | | | | 300.00 |
| REGISTRATION | | | | |
| 03/10/2024 05:49 - IP25/25082 | Admission Fees | 200.00 | 1.00 | 0.00 |
| 03/10/2024 05:49 - IP25/25082 | Medical Records Management | 300.00 | 1.00 | 0.00 |
| Total for REGISTRATION | | | | 500.00 |
| WARD | | | | |
| 03/10/2024 - 08/10/2024 | NICU | 1000.00 | 6.00 | 0.00 |
| 08/10/2024 - 10/10/2024 | AC PRIVATE ROOM Retain | 2500.00 | 3.00 | 0.00 |
| 09/10/2024 - 11/10/2024 | BABY BED | 100.00 | 3.00 | 0.00 |
| Total for WARD | | | | 13800.00 |
| LABORATORY | | | | |
| 03/10/2024 05:49 - IP25/25216 | CBC-XN330 | 350.00 | 1.00 | 0.00 |
| 03/10/2024 05:49 - IP25/25089 | Blood Culture | 1200.00 | 1.00 | 0.00 |
| 03/10/2024 05:49 - IP25/25089 | Blood Grouping | 100.00 | 1.00 | 0.00 |
| 03/10/2024 05:49 - IP25/25216 | CRP (Mispa 12) | 400.00 | 1.00 | 0.00 |
| 05/10/2024 08:16 - IP25/25486 | CBC-XN330 | 350.00 | 1.00 | 0.00 |



| I.P. No. : 24/1873 | | Patient Name : Baby Of VITHYAA LAXMI S | | Bill No. : IPCA/25/13949 | |
|---------------------------------------|---|--|-------|--------------------------|---------|
| 05/10/2024 08:16 - IP25/25486 | CRP (Mispa I2) | 400.00 | 1.00 | 0.00 | 400.00 |
| 05/10/2024 08:16 - IP25/25486 | Sodium - ISE Method | 150.00 | 1.00 | 0.00 | 150.00 |
| 05/10/2024 08:16 - IP25/25486 | Calcium-OCPC Method | 150.00 | 1.00 | 0.00 | 150.00 |
| 05/10/2024 08:16 - IP25/25486 | Potassium - ISE Method | 150.00 | 1.00 | 0.00 | 150.00 |
| 05/10/2024 08:16 - IP25/25486 | Bilirubin (NB) | 250.00 | 1.00 | 0.00 | 250.00 |
| 06/10/2024 14:54 - IP25/25632 | Newborn Screening | 2000.00 | 1.00 | 0.00 | 2000.00 |
| 07/10/2024 14:38 - IP25/25756 | CBC-XN330 | 350.00 | 1.00 | 0.00 | 350.00 |
| 07/10/2024 14:38 - IP25/25756 | Bilirubin (NB) | 250.00 | 1.00 | 0.00 | 250.00 |
| 07/10/2024 14:38 - IP25/25756 | Calcium-OCPC Method | 150.00 | 1.00 | 0.00 | 150.00 |
| 09/10/2024 10:45 - IP25/25993 | CBC-XN330 | 350.00 | 1.00 | 0.00 | 350.00 |
| 09/10/2024 10:45 - IP25/25993 | Bilirubin (NB) | 250.00 | 1.00 | 0.00 | 250.00 |
| Total for LABORATORY | | | | | 6850.00 |
| MEDICINE AND CONSUMABLES | | | | | |
| 05/10/2024 14:53:00 - SIPH24-25/19288 | F&P OPTIFLOW JUNIOR RT330 [B.No:-901920] [ExpDate:-23/01/2028] | 7900.00 | 1.00 | 0.00 | 7900.00 |
| 05/10/2024 14:53:00 - SIPH24-25/19288 | OPTIFLOW JUNIOR 2 CANNULA OJR414 [B.No:-2102895344] [ExpDate:-18/11/2026] | 4940.00 | 1.00 | 0.00 | 4940.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | 10ML SYRINGE NIPRO [B.No:-24E09K58] [ExpDate:-30/04/2029] | 27.50 | 10.00 | 0.00 | 275.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | 3ML SYRINGE NIPRO [B.No:-24G08K30] [ExpDate:-30/06/2029] | 15.00 | 5.00 | 0.00 | 75.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | 50ML SYRINGE NIPRO [B.No:-24B15K27] [ExpDate:-31/01/2029] | 199.00 | 5.00 | 0.00 | 995.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | AHD 100ML [B.No:-RAS - 24017] [ExpDate:-31/07/2027] | 225.00 | 1.00 | 0.00 | 225.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | BABY DIAPERS S [B.No:-000] [ExpDate:-30/12/2030] | 130.00 | 3.00 | 0.00 | 390.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | BABY WIPES NOVEL [B.No:-K2420648] [ExpDate:-30/08/2026] | 195.00 | 2.00 | 0.00 | 390.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | CAP BUFFENT [B.No:-000] [ExpDate:-30/12/2030] | 10.00 | 10.00 | 0.00 | 100.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | DEXTROSE 5% 500ML IV F.K [B.No:-82RL206604] [ExpDate:-28/10/2025] | 82.18 | 2.00 | 0.00 | 164.36 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | FACE MASK 3M [B.No:-MMA/01/24-25] [ExpDate:-30/04/2027] | 10.00 | 10.00 | 0.00 | 100.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | FEEDING TUBE 6 INFAND [B.No:-G24E010649] [ExpDate:-30/04/2029] | 64.00 | 5.00 | 0.00 | 320.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | GLOVES 6 [B.No:-24D2007] [ExpDate:-30/03/2029] | 88.00 | 1.00 | 0.00 | 88.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | GLUCI 10ML INJ [B.No:-KP1169713] [ExpDate:-28/02/2026] | 83.30 | 3.00 | 0.00 | 249.90 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | GLUCI 10ML INJ [B.No:-KP1169727] [ExpDate:-30/03/2026] | 83.30 | 2.00 | 0.00 | 166.60 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | INJEK 0.5ML INJ [B.No:-1255151] [ExpDate:-30/06/2025] | 27.90 | 1.00 | 0.00 | 27.90 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | IVEOLYTE P 500ML [B.No:-82SF126601] [ExpDate:-30/05/2026] | 128.45 | 3.00 | 0.00 | 385.35 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | LYSOWASH PLUS 100ML SOLN [B.No:-RLP - 24017] [ExpDate:-31/05/2026] | 200.00 | 1.00 | 0.00 | 200.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | MICROPORE PLASTER 1530-1 3M [B.No:-R04241125] [ExpDate:-31/03/2029] | 126.05 | 1.00 | 0.00 | 126.05 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | NEOFLOX PRO 24G YELLOW BD [B.No:-4094288 P65] [ExpDate:-30/03/2027] | 379.00 | 5.00 | 0.00 | 1895.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | NEOFLOX PRO 26G VIOLET BD [B.No:-4084043] [ExpDate:-30/03/2027] | 379.00 | 5.00 | 0.00 | 1895.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | NS 100ML [B.No:-82TF204109] [ExpDate:-30/05/2027] | 47.09 | 3.00 | 0.00 | 141.27 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | SCALPEL BLADE 11 [B.No:-241007A] [ExpDate:-30/06/2029] | 35.00 | 1.00 | 0.00 | 35.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | SOFT NAPKIN MEDIUM MERCY [B.No:-000] [ExpDate:-30/12/2030] | 75.00 | 5.00 | 0.00 | 375.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | SUCTION CATHETER 6 F [B.No:-G24B010709] [ExpDate:-30/01/2029] | 81.00 | 2.00 | 0.00 | 162.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | SUCTION CATHETER 8 F [B.No:-G24C010945] [ExpDate:-28/02/2029] | 81.00 | 3.00 | 0.00 | 243.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | SUCTION SET VACCU SUCK ROMSONS [B.No:-G24010869] [ExpDate:-30/06/2029] | 532.00 | 1.00 | 0.00 | 532.00 |

I.P. No. : 24/1873

Patient Name : Baby Of VITHYAA LAXMI S

Bill No. : IPCA/25/13949

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|---------------------------------------|---|------------------|-----------------|---------------------------------------|----------|
| 05/10/2024 17:20:00 - SIPH24-25/19301 | UNDER PAD BABY SHEET [B.No:-00] [ExpDate:-30/04/2027] | 72.00 | 10.00 | 0.00 | 720.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | NEEDLE 18*11/2" PINK DISPO VAN [B.No:-23444C] [ExpDate:-30/05/2029] | 3.00 | 5.00 | 0.00 | 15.00 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | NEEDLE 24G [B.No:-26412D] [ExpDate:-30/05/2029] | 2.60 | 4.00 | 0.00 | 10.40 |
| 05/10/2024 17:20:00 - SIPH24-25/19301 | NEEDLE 24G [B.No:-29412R] [ExpDate:-30/06/2029] | 2.60 | 1.00 | 0.00 | 2.60 |
| 07/10/2024 16:31:00 - SIPH24-25/19525 | MOPING PAD 1 [B.No:-1] [ExpDate:-30/12/2030] | 50.00 | 10.00 | 0.00 | 500.00 |
| 07/10/2024 16:31:00 - SIPH24-25/19525 | GAUZE FOLDER PACK [B.No:-LOT121] [ExpDate:-30/12/2030] | 300.00 | 1.00 | 0.00 | 300.00 |
| 09/10/2024 15:56:00 - SIPH24-25/19742 | NEO I CARE TERM [B.No:-000] [ExpDate:-30/12/2028] | 150.00 | 1.00 | 0.00 | 150.00 |
| 09/10/2024 15:56:00 - SIPH24-25/19742 | NEOFLOX PRO 24G YELLOW BD [B.No:-4094288 P65] [ExpDate:-30/03/2027] | 379.00 | 4.00 | 0.00 | 1516.00 |
| 09/10/2024 15:56:00 - SIPH24-25/19742 | NEOFLOX PRO 26G VIOLET BD [B.No:-4084043] [ExpDate:-30/03/2027] | 379.00 | 4.00 | 0.00 | 1516.00 |
| 09/10/2024 15:56:00 - SIPH24-25/19742 | UNDER PAD BABY SHEET [B.No:-00] [ExpDate:-30/04/2027] | 72.00 | 3.00 | 0.00 | 216.00 |
| 11/10/2024 10:21:00 - SIPH24-25/19987 | 1ML SYRINGE NIPRO [B.No:-23F14K65] [ExpDate:-30/05/2029] | 14.00 | 2.00 | 0.00 | 28.00 |
| 11/10/2024 10:21:00 - SIPH24-25/19987 | FEPANIL DROPS [B.No:-FDL24E08] [ExpDate:-30/04/2026] | 30.07 | 1.00 | 0.00 | 30.07 |
| 11/10/2024 10:21:00 - SIPH24-25/19987 | TUBERVAC BCG [B.No:-0373MA072] [ExpDate:-30/12/2025] | 116.76 | 1.00 | 0.00 | 116.76 |
| 11/10/2024 10:21:00 - SIPH24-25/19987 | BIO POLIO B OPV [B.No:-LOT31] [ExpDate:-07/05/2025] | 225.00 | 1.00 | 0.00 | 225.00 |
| 11/10/2024 10:21:00 - SIPH24-25/19987 | ARBIVIT-3 FORTE DROPS [B.No:-SP7824018] [ExpDate:-30/07/2026] | 95.00 | 1.00 | 0.00 | 95.00 |
| Total for MEDICINE AND CONSUMABLES | | | | | 27837.26 |
| PACKAGE | | | | | |
| 03/10/2024 16:12 - IP25/25438 | NICU LEVEL - 2 | 5250.00 | 1.00 | 0.00 | 5250.00 |
| 04/10/2024 16:13 - IP25/25439 | NICU LEVEL - 1 | 1100.00 | 1.00 | 0.00 | 1100.00 |
| 05/10/2024 12:21 - IP25/25717 | NICU LEVEL - 1 | 1100.00 | 1.00 | 0.00 | 1100.00 |
| 06/10/2024 12:22 - IP25/25720 | NICU LEVEL - 1 | 1100.00 | 1.00 | 0.00 | 1100.00 |
| 07/10/2024 12:23 - IP25/25721 | NICU LEVEL - 1 | 1100.00 | 1.00 | 0.00 | 1100.00 |
| 08/10/2024 10:13 - IP25/26311 | GROWING BABY - LEVEL 2 | 1100.00 | 1.00 | 0.00 | 1100.00 |
| 09/10/2024 10:13 - IP25/26312 | GROWING BABY - LEVEL 2 | 1100.00 | 1.00 | 0.00 | 1100.00 |
| Total for PACKAGE | | | | | 11850.00 |
| CONSULTATION | | | | | |
| 10/10/2024 - IP25/26309 | IP CONSULTATION (Dr. BANUMATHI RAJ) | 500.00 | 1.00 | 0.00 | 500.00 |
| Total for CONSULTATION | | | | | 500.00 |
| Total Amount | | | | | 67687.00 |
| Net Amount | | | | | 67687.00 |
| Patient Amount | | | | | 67687.00 |
| Payer Amount | | | | | 0.00 |
| Net Amount (Incl. Tax) | | | | | 67687.00 |
| Amount Received Rs. (-) | | | | | 67687.00 |
| Balance | | | | | 0.00 |
| Advance/Payment Details | | | | | |
| Receipt/Ref no | Receipt/Ref Date | Received/Ref Amt | Adjusted Amount | Mode | |
| AD/24IP3959(Settled) | 03/10/2024 05:53 | 5000.00 | 5000.00 | Cash,5000.00 | |
| AD/24IP4046(Settled) | 07/10/2024 19:56 | 20000.00 | 20000.00 | Cash,20000.00 | |
| AD/24IP4072(Settled) | 08/10/2024 20:44 | 23894.00 | 23894.00 | ONLINE PAYMENT,23894.00 | |
| AD/24SA4111(Settled) | 11/10/2024 11:12 | 18793.00 | 18793.00 | Cash,15000.00; ONLINE PAYMENT,3793.00 | |
| Patient's /Attendant's Signature | | | | | |

ANNAI VELANKANI NURSING HOME - CEA REGISTRATION NO - TNVLALL20190001087

Printed By: 4769 Prepared By: DFVI Page No : 3 of 3 Print Date & Time: 07/11/2024 10:09 AM

ANNAI VELANKANI NURSING HOME

Authorised Signatory

To,

Religare Health Insurance Co. Ltd

Bangalore.

Subject: Self declaration for Reimbursement claim.

"I hereby declare that the benefits paid under this claim shall not be claimed from anywhere else in any form. Further, Religare Health Insurance Company reserves the right to ask for original claim documents for processing of claims wherever necessary."

Employee ID: MD-39

Patient Name: VITHYAALAXMI BABY

Hospital Name: ANNAI VELANKANNI MULTISPECIALITY HOSPITAL

Regards,

Name and Signature

D. GIANAPATHI SUBRAMANIAN



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रुपये RUPEES

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11/02/21

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A/c No.

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Cheque No.

02002061

भारत की हमारी सभी शाखाओं में सममूल्य पर देय
PAYABLE AT PAR AT ALL OUR BRANCHES IN INDIA

GANAPATHI SUBRAMANIAN D

PLEASE SIGN ABOVE THIS LINE

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