

**CLAIM FORM - PART A' to 'CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT - PART A**

**TO BE FILLED BY THE INSURED**

The issue of this Form is not to be taken as an admission of liability

(To be Filled in block letters)

**DETAILS OF PRIMARY INSURED:**

a) Policy No. **17125213** b) Sl. No/ Certificate no. **1234567890**

c) Company/ TPA ID No. **WUFLCINOL264YPUVC**

d) Name: **SURNAME NAJARAJAM NAME MIDDLE NAME**

e) Address: **216 S NO 87 H STREET MATTHUMADACKI KELAMALIGAI POST, SUNDURAI TALUK City ARYLALUR**

City **ARYLALUR** State **TAMIL NADU**

Pin Code **621710** Phone No. **9578068481** Email ID **rajanram.yamalajan@gmail.com**

Indianrajan@gmail.com

**DETAILS OF INSURANCE HISTORY:**

a) Currently covered by any other Mediclaim / Health Insurance:  Yes  No b) Date of commencement of first Insurance without break. **01/03/2020**

c) If yes, company name **RELIANCE** Policy No. **1234567890**

Sum insured (Rs.) **1000000** d) Have you been hospitalized in the last four years since inception of the contract?  Yes  No Date **MM YY**

Diagnosis: **None** e) Previously covered by any other Mediclaim / Health Insurance  Yes  No

f) If yes, company name: **RELIANCE**

**DETAILS OF INSURED PERSON HOSPITALIZED:**

a) Name **SURNAME PAIYANAGRAKAN NAME MIDDLE NAME**

b) Gender Male  Female  c) Age years **27** Months **MM** d) Date of Birth **29/06/1993**

e) Relationship to Primary insured: Self  Spouse  Child  Father  Mother  Other  (Please Specify) **Daughter**

f) Occupation Service  Self Employed  Home Maker  Student  Retired  Other  (Please Specify) **Student**

g) Address (if different from above): **216 S NO 87 H STREET MATTHUMADACKI KELAMALIGAI POST, SUNDURAI TALUK City ARYLALUR**

City **ARYLALUR** State **TAMIL NADU**

Pin Code **621710** Phone No. **770857916** Email ID **rajanram.yamalajan@gmail.com**

**DETAILS OF HOSPITALIZATION:**

a) Name of Hospital where Admit: **KAUVERI HOSPITAL**

b) Room Category occupied: Day care  Single occupancy  Twin sharing  3 or more beds per room

c) Hospitalization due to: Injury  Illness  Maternity  d) Date of injury / Date Disease first detected / Date of Delivery: **06/03/2020**

e) Date of Admission **06/03/2020** f) Time **00:00** g) Date of Discharge **07/03/2020** h) Time **00:00**

i) If injury give cause Self inflicted  Road Traffic Accident  Substance Abuse / Alcohol Consumption  j) If Medico legal  Yes  No

ii) Reported to Police   iii. MLC Report & Police FIR attached  Yes  No j) System of Medicine: **None**

**DETAILS OF CLAIM:**

a) Details of the Treatment expenses claimed

I. Pre-hospitalization expenses	Rs. <b>10895</b>	ii. Hospitalization expenses	Rs. <b>10895</b>
iii. Post-hospitalization expenses	Rs. <b>0</b>	iv. Health-Check up cost:	Rs. <b>0</b>
v. Ambulance Charges.	Rs. <b>0</b>	vi. Others (code) <b>000</b>	Rs. <b>0</b>
Total		Rs. <b>10895</b>	
vi. Pre-hospitalization period:	days <b>000</b>	viii. Post-hospitalization period:	days <b>000</b>
b) Claim for Domiciliary Hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, provide details in annexure)	
c) Details of Lump sum / cash benefit claimed:			
i. Hospital Daily cash:	Rs. <b>0</b>	ii. Surgical Cash:	Rs. <b>0</b>
iii. Critical Illness benefit:	Rs. <b>0</b>	iv. Convalescence	Rs. <b>0</b>
v. Pre/Post hospitalization Lump sum benefit	Rs. <b>0</b>	vi. Others:	Rs. <b>0</b>
Total		Rs. <b>0</b>	

**Claim Documents Submitted - Check List:**

- Claim form duly signed
- Copy of the claim intimation, if any
- Hospital Main Bill
- Hospital Break-up Bill
- Hospital Bill Payment Receipt
- Hospital Discharge Summary
- Pharmacy Bill
- Operation Theater Notes
- ECG
- Doctor's request for investigation
- Investigation Reports (Including CT / MRI / USG / HPE)
- Doctor's Prescriptions
- Others

**DETAILS OF BILLS ENCLOSED:**

Sl. No.	Bill No.	Date	Issued by	Towards	Amount (Rs)
1.	204533.13/10	01/03/2020	KAUVI Hospital	Hospital main Bill	300000
2.	204624.02/11/20	02/03/2020		Pre-hospitalization Bills Nos	300000
3.	204620.02/11/20	02/03/2020		Post-hospitalization Bills Nos	9915
4.	204643.04/11/20	02/03/2020		Pharmacy Bills	12252
5.	204620.10/11/20	02/03/2020		Pharmacy bill	9215
6.	20000875.01/11/20	02/03/2020			6916
7.	200027675.02/11/20	02/03/2020			1331
8.	20007185.10/11/20	02/03/2020			4757
9.	20007187.01/11/20	02/03/2020			800
10.	20007189.01/11/20	02/03/2020			9923

**DETAILS OF PRIMARY INSURED'S BANK ACCOUNT:**

a) PAN: **A1P2353D** b) Account Number **5582035442**

c) Bank Name and Branch **CITIBANK, N.A. CHENNAI**

d) Cheque / DD Payable details: **Chennai, Tamil Nadu, India**

e) IFSC Code **CITL000003**

SECTION A

SECTION B

SECTION C

SECTION D

SECTION E

SECTION F

SECTION G

**DECLARATION BY THE INSURED:**

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA / Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made.

I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the prepost-hospitalization claim, if any.

Date

Place: *Tiruchy*

Signature of the Insured

SECTION H

DATA ELEMENT	GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the Insured)	
	DESCRIPTION	FORMAT
a) Policy No.	Enter the policy number	As allotted by the Insurance Company
b) Sl. No/ Certificate No.	Enter the social Insurance number or the certificate number of social health insurance scheme	As allotted by the organization
c) Company TPA ID No.	Enter the TPA ID No.	Licence numbers as allotted by IRDA and printed
d) Name	Enter the full name of the policyholder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include Street, City and Pin code

SECTION B - DETAILS OF INSURANCE HISTORY		
a) Currently covered by any other Mediclaim / Health Insurance?	Indicate whether currently covered by another Mediclaim / Health Insurance	Tick Yes or No
b) Date of commencement of first Insurance without break	Enter the date of commencement of first Insurance	Use dd-mm-yy-format
c) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
d) Policy No.	Enter the policy number	As allotted by the Insurance Company
e) Sum insured	Enter the total sum insured as per the policy	In rupees
f) Have you been Hospitalized in the last four years since Inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
Date	Enter the date of Hospitalization	Use mm-yy format
g) Diagnosis	Enter the diagnosis details	Open Text
h) Previously covered by any other Mediclaim / Health Insurance?	Indicate whether previously covered by another mediclaim / Health Insurance	Tick Yes or No
i) Company Name	Enter the full name of the Insurance Company	Name of the organization in full

SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option, if others, please specify
f) Occupation	Indicate occupation of patient	Tick the right option. If others, please specify
g) Address	Enter the full postal address	Include Street, City and Pin code
h) Phone No	Enter the phone number of patient	Include STD code with telephone number
i) E-mail ID	Enter e-mail address of patient	Complete e-mail address

SECTION D - DETAILS OF HOSPITALIZATION		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	Indicate the room category occupied	Tick the right option
c) Hospitalization due to	Indicate reason of hospitalization	Tick the right option
d) Date of injury/Disease first detected / Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh-mm-- format
g) Date of discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh-mm-- format
i) If injury give cause	Indicate cause of injury	Tick the right option
If Medico legal	Indicate whether injury is medico legal	Tick Yes or No
Reported to Police	Indicate whether police report was filed	Tick Yes or No
MLC Report & Police FIR attached	Indicate whether MLC report and Police FIR attached	Tick Yes or No
j) System of Medicine	Enter the system of medicine followed in treating the patient	Open Text

SECTION E - DETAILS OF CLAIM		
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not enter paisa values)
b) Claim for Domiciliary Hospitalization	Indicate whether claim is for domiciliary hospitalization	Tick Yes or No
c) Details of Lump sum/ Cash benefit claimed	Enter the amount claimed as lump sum / cash benefit	In rupees (Do not enter paisa values)
d) Claim documents Submitted/Check List	Indicate which supporting documents are submitted	Tick the right option

Indicate which bills are enclosed with the amount in rupees

SECTION G - DETAILS OF PRIMARY INSURED's BANK ACCOUNT		
a) PAN	Enter the permanent account number	As allotted by the Income Tax Department



**DISCHARGE SUMMARY**

Patient Name	Mrs Priyanga A	Date of Admision	31/10/2020 11:34 PM
Age/Gender	27 Years/ Female	Date of Discharge	04/11/2020 4:14PM
Address	NO: 28 P L, 14 Th CROSS STREET, EAST GOPALAPURAM,	UHID	CN200000371916
Mobile No	9578068481	IP No	IP0000036121
Doctor	Dr. Rajeshwari E, DGO , DNB (OG)	Department	Obstetrics and Cynaecology
Corporate		Ward / Bed	LW / 302-6

**CO-CONSULTANT(S)**  
 Dr. Yogalakshmi S, MBBS , MS ( OG ) (Obstetrics and Gynaecology),  
 Dr. Elavarasi M, MS ( Obstetrics & Gynaecology ) (Obstetrics and Gynaecology),  
 Dr. Mohamed Elias N, MBBS , DA ( Anes ) (Anaesthesiology)

**DIAGNOSIS**  
**LATE BOOKED PRIMI GRAVIDA WITH 7 MONTHS AMENORRHOEA WITH PPROM FOR SAFE CONFINEMENT**

**COMPLAINTS & HISTORY**

LMP: 05.04.2020

EDD: 12.01.2021

Late booked primi gravida with 30weeks 3 days admitted with C/o leaking PV since 13days

Able to perceive fetal movement well

Steroids 2 doses given ( out side hospital )

**Menstrual history :** Regular cycle 3/30days**Marital history :** Married since 1 year**Obstetric history :** Primi**Past history :** Nil relevant**ON EXAMINATION**

Patient conscious, oriented , afebrile

No pallor , no pedal edema

PR : 102/min

BP:100/70 mmHg

CVS:S1S2(+)

RS: NVBS (+)

P/A: Uterus 28 weeks / relaxed, cephalic

FH (+)

P/V: Cervix uneffaced, Soft

OS 1 finger , Membrane, thin over head



Head at -3

Pelvis adequate / few cc clear liquor leaking PV

**INVESTIGATION**

Report enclosed

**VOLUME AND HR CT SCAN CHEST PLAIN ( 01.11.2020 )**

Right basal atelectasis changes

Non covid -19

**DELIVERY TYPE**

Emergency LSCS done on 01.11.2020, Delivered an alive male baby at 1.05am, weight - 1.400kg.

**INDICATION**

Primi / PPROM / severe oligohydramnios

**BABY SEEN BY**

Dr.D.Senguttuvan.,MBBS,,DCH,,  
Baby shifted to NICU

**MOTHER BLOOD GROUP**

"O " Positive

**BABY BLOOD GROUP**

"A " Positive

**BABY VACCINATION**

To be given

**DRUGS USED**

Inj.Taximax	1.5gm	IV	1-0-1
Inj.Metrogyl	500mg	IV	1-1-1

**POST NATAL PERIOD**

Uneventful

**BIRTH INTIMATION**

Given

Regd. Office :

**KMC Speciality Hospitals (India) Ltd.,**

CIN - L85110TN1982PLC009781  
6, Royal Road, Canttment, Trichy 620 001.

P 0431 - 4077777, F 0431 - 2415402

E info@kauveryhospital.com | W www.kauveryhospital.com

**ADVICE**

- |                 |  |
|-----------------|--|
| 1.Tab.Anofer    | 1-0-0 x 10days ( to continue for 3 months) |
| 2.Tab.Acucal    | 0-0-1 x 10days ( to continue for 3 months) |
| 3.Tab.Pantop    | 40mg<br>1-0-1 x 5days                      |
| 4.Tab.Pyrigesic | 1gm<br>1-0-1 x5days                        |

**Review on 11.11.2020 in Gynecologist OPD**

**PLEASE DIAL (99442 15988) BEFORE COMING FOR CONSULTATION**

**Ambulance service NO : 7708895490**

**OTHER INSTRUCTIONS**

1. Postnatal exercise ( Hand book given )
2. Regular diet ( Hand book given )
3. Daily bathing and wound care advice given.

**WARD OFFICE ADDRESS**  
**PANCHAYAT UNION OFFICE, AROCKIAM PILLAI STREET, STATE BANK COLONY,**  
**CRAWFORD, TRICHY -12**

Prepared by :R.Banu priya

Checked by :

Dr. Rajeshwari E, DGO, DNB (OG)

11/11/2020

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Dr. M. Shanmugam, MSc OGY

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No complaency

O/C

patient afebrile

T - N

Pn - R/Hr

CS - N/W/Hr

Bp - Nofromay.

Pn soft.

uterus non tender.

No more bleeding.

Prv. m/m



Regd. Office:

KMC Speciality Hospitals (India) Ltd.,

CIN : L85110TN1982PLC009781

6, Royal Road, Cantonment, Trichy - 620 001.

P 0431 - 4077777, F 0431 - 2415402

# Kauvery Hospital



Trichy - Cantonment

6, Royal Rd, Cantonment, Tiruchirappalli, Tamil Nadu 620001

## Receipt

IP No	:	IP0000036121	Bill No	:	IRCCN2014533
Name	:	Mrs.Priyanga A W/O.Rajaram R	Bill Date	:	31-10-2020
Age/Sex	:	27 Years / Female	UHID	:	CN200000371916
Address	:	No: 28 PL, 14 Th Cross Street, East Gopalapuram, „Tiruvallur,Tamil Nadu,India. - 602001	Payment Type	:	Card

S.No	Details	Amount
1	Advance	30000.00

Thirty Thousand Only

Bill Printed on 10/31/2020 23:43:16, Created on 10/31/2020 23:43:14



| Trichy - P - | E | W

**KMC SPECIALITY HOSPITALS (I) LTD.,** CIN - L85110TN1982PLC009781

Regd. Office : 6, Royal Road, Cantonment, Trichy - 1, P 0431 - 4077777, F 0431 - 2415402 | [Info@kauveryhospital.com](mailto:Info@kauveryhospital.com) | [www.kauveryhospital.com](http://www.kauveryhospital.com)

# Kauvery Hospital

Trichy - Cantonment

6, Royal Rd, Cantonment, Tiruchirappalli, Tamil Nadu 620001

## Receipt

IP No	:	IP0000036121	Bill No	:	IRCCN2014634
Name	:	Mrs.Priyanga A W/O.Rajaram R	Bill Date	:	02-11-2020
Age/Sex	:	27 Years / Female	UHID	:	CN200000371916
Address	:	No: 28 P L, 14 Th Cross Street, East Gopalapuram,,Tiruvallur,Tamil Nadu,India. - 602001	Payment Type	:	Card - Swipe

S.No	Details	Amount
1	Advance	30000.00

Thirty Thousand Only

Authorized Signatory  
Mehar Hussain



Bill Printed on 11/02/2020 15:02:21, Created on 11/02/2020 15:02:19



# Kauvery Hospital

Trichy - Cantonment

Royal Rd, Cantonment, Tiruchirappalli, Tamil Nadu 620001

## Receipt

IP No	:	IP0000036121	Bill No	:	IRCCN2014843
Name	:	Mrs.Priyanga A W/O.Rajaram R	Bill Date	:	04-11-2020
Age/Sex	:	27 Years / Female	UHID	:	CN200000371916
Address	:	No: 28 PL, 14 Th Cross Street, East Gopalapuram, Tiruvallur,Tamil Nadu,India. - 602001	Payment Type	:	Card - Swipe

S.No	Details	Amount
1	Advance	1225.00

Twelve Thousand Two Hundred Rupees Only



Bill Printed on 11/04/2020 18:55:30 , Generated on 11/04/2020 18:55:29

KMC SPECIALITY HOSPITALS (I) LTD., | CIN - L85110TN1982PLC009781

| Trichy - , P - | E | W

Regd. Office : 6, Royal Road, Cantonment, Trichy - 1. Ph. : 0431 - 4077777, Fax : 0431 - 2415402 | [info@kauveryhospital.com](mailto:info@kauveryhospital.com) | [www.kauveryhospital.com](http://www.kauveryhospital.com)

Nethra Royal Hospital, Trichy  
Credit Bill

Bill No : 3340050189E1P

DL No : THT/4410/20-21

Page 1 of 2

Patient Name	Mrs. Priyanga A	27/5/F, #90,	BILL No.	19A/INR2
UHID / Visit No.	TNC0000031915	RP0000036121	BILL Date	01-11-2021
Doctor Name	Dr. Palashwaran E, DGO , MNG		PAYMENT TYPE	Credit -
Place of Supply	Tamil Nadu		Type of Supply	Intra -
Hospital	Labour Ward			
Corporate	I			

S.No. Item Name

HSN No. Batch No. Qty Rate

GST AMT

1	Surgical Blade 11 Gauge	90189 28336 06/25	1	5.00	5.00
2	Blue Line Gauze 10x10 Cm	90189 BLUE 01/23	15	20.00	300.00
3	Roller Bandage 30 X 30 Cm	30049 ROLL 11/23	3	40.00	120.00
4	Microshield Pvp 8 555 100	90189 a1200 04/22	1	104.00	104.00
5	Microshield Pvp 727 100 ML	30049 a1200 04/22	1	95.00	95.00
6	Dap Disposable Surgical	90189 DAP 1 12/25	10	12.00	120.00
7	Face Mask 1 Surgical Items	90189 3 PLY 04/22	10	16.00	160.00
8	Vaccu Suck Suction Set	90189 K2008 07/25	1	445.00	445.00
9	Surgi Drape Surgical	90189 07-7A 12/22	2	102.00	204.00
10	Gloves Surgical Items	90189 glove 12/25	16	15.00	240.00
11	Foot Drap Surgicals Dt	90189 029 07/23	1	48.00	48.00
12	1 Trugut 4227 Suture	90183 A2003 04/25	1	259.00	259.00
13	Polyhexene 11 Ren E-5091	90189 02501 01/22	1	780.00	780.00
14	Gastronatheter 10F	90189 01901 09/24	1	62.00	62.00
15	Dap Marker Disposable	90189 CAP - 12/20	1	45.00	45.00
16	Personal Protective Kit	90189 PPE, 12/20	1	800.00	800.00
17	BLUES TRUSKIN 6 CM	39262 20070 06/25	2	75.00	150.00
18	Gloves Microptic 6.5 CM	39262 07080 07/23	3	95.00	285.00
19	Gloves TRUSKIN 7 CM	39262 20040 03/25	1	75.00	75.00
20	Gloves Microptic 7.5 CM	39262 08033 08/23	1	95.00	95.00
21	Doctors Gown 3M Surgical	90189 20082 07/25	3	445.00	1335.00
22	Apron Surgical Items	90189 apron 08/23	1	35.00	35.00
23	Offerped 3Moe Surgical	90189 08-09 12/22	1	155.00	155.00
24	Ob Kit Sgn 180/45 Cm Suture	90189 42002 06/23	1	959.50	959.50
25	General Pack 12242	53079 12242 08/23	1	890.00	890.00
26	Misoprost 200 Mcg Tablet	30049 6H003 09/21	4	18.64	74.56
27	Legging Drap Lapt	90189 2008 07/25	1	142.00	142.00
28	Suprigesic 0.3 mg/ml Ampule	30049 4582 01/22	1	23.00	23.00
29	Supridol 50 mg/ml Injection	30049 6309 05/22	1	10.50	10.50
30	Neomit 2 Mg/ml Injector	30049 31534 02/22	1	12.70	12.70
31	Uterotonic 1 ml Injector	30049 93056 05/22	4	17.79	71.16
32	Lox 2% with Adrenaline	30039 30147 06/21	1	39.40	39.40
33	Bipivac Heavy 4 ml	30049 MEM9 03/21	1	34.00	34.00
34	Spinal Needle Whitacre 27 G	90189 19040 03/24	1	395.00	395.00
35	Vein 0 Line 100cm Surgical	90189 K2004 05/25	1	289.00	289.00
36	Syringe Emerald 5 ml	90183 93369 11/24	1	12.00	12.00
37	Syringe Emerald 5 ml	90189 00567 02/25	3	18.50	55.50
38	Eco Lease Surgical Items	90189 05200 01/22	3	23.50	70.50
39	Distilled Water Baxter 10	28530 22008 02/23	3	2.55	7.65
40	No Sterilizer 500 Ltr	30024 40600 06/23	1	18.50	18.50
41	RJ Ananta 500 Ltr, Fluid	30049 32000 02/23	1	49.74	49.74
42	Centre Hole Sheet	90189 CEVR 05/23	2	50.00	100.00
43	Gauze Swabs 7.5 X 7.5 CM	90189 12345 04/22	10	5.00	50.00
44	Texiskind Injection	30049 22227 05/22	1	43.95	43.95
45	Hand (One) Surgicals Dt	90189 101 05/23	1	10.00	10.00

Discount 0.00

Round off -0.10

Total 9219.00

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Mr. & Mrs. Royal Reed, Trinity Hospital

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HIP / VEST NO. 102000031916 / 100000611916  
DOCTOR NAME ~~DR. G. L. TAYLOR~~ DR. G. L. TAYLOR JR.  
DATE 06-19-1959

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THE COUNCIL OF THE COLLEGE OF PHYSICIANS OF PENNSYLVANIA

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PHOTOGRAPHIC EQUIPMENT  
AND SUPPLIES

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# Emergency LSCS

No

6666

IV

OT - SCRUB

## OT REPLACEMENT - DRUGS

Booking No  
Registration No  
Name

31916

Claim

Mrs. Pyangco  
11/20

AGE / SEX: 27 Y Female IP No. 3181  
TIME FROM 4:30 AM TO 9:00 AM

ITEM	Reqd.	Addn.	Used	Return	ADK	TIME	FROM	TO	Reqd.	Addn.	Used	Return
ADRENALIN					-20				5-0 ETHELON 3317			
ANAWN. 0.5					-24				1 NYLUS 10BP 3348(200)			
ANESTH. 0.25					-28				(90) 2-0 NYLUS 3336 90 CM			
XYLOCAINE 2%					-32				70 CM			
XYLOCANE JELLY												
BLADE 10									35 CM			
- 11												
- 15									3-0 NYLUS 3328 70cm			
- 22									- 35cm			
BL GAUZE 15												
BL PAD 30 x 30												
BETADINE												
BETADINE SCRUB												
STERILUM												
K - 90												
FOLEY'S CATHETER-14												
URU BAG												
HAND TOWEL												
INFANT FEEDING TUBE												
CAP & MASK	103											
VACCUM SUCTION SET	103											
SURGDRAPE 150 x 150	12											
UNSTERILE GLOVE	5P											
SURGICLIPS X 8												
DISTILLED WATER												
NS 1900ML												
DIATHERMY PENCIL	1											
GLYCIN												
ASEPTOPUMP												
CHOLE TOWEL												
BACTIGARD 10 x 30												
10 x 10												
POP 4 RICH												
5.10G												
BANDAGE ROLL												
BAND AID SQUARE												
BIOPSY BOX	3											
FOOT DRAPE	4											
JROMETER	2											
URGPAPFEN												
INFANT FEEDING TUBE-5												
- 6												
- 7												
- 8												
- 9												
- 10												
ROMA VAC 10												
- 12												
- 14												
- 16												
- 18												
MAIN VAC 8												

Signature

DOCTOR'S SIGNATURE

Book Reviews

25

650

24

CANT

371916  
Cash.

UI REPLACEMENT - DRUGS

DATE 11/12/80

TIME FROM 12.30

10



27575

KMC Speciality Hospital (Kovalam) LTD  
No: S. Raval Road, Trivandrum  
Credit Bill  
GSTIN No: 33AAADCS0189E17W  
Dl. No: TRT/44410/20-21  
TAN No :  
Token No:7253



Patient Name :Baby of. Priyanka Rajaram, ID#M. BILL NO.:SACDN20071363  
 UHID / Visit No.:CN70000037976 / 10100036131 BILL DATE:01-11-2020  
 Doctor Name :Dr. Sanoudtuvan D. MRS , DCH PAYMENT TYPE: Credit  
 Place of Birth :Tamil Nadu STATE OF BIRTH:Kerala  
 Ward :NICU II  
 Corporate :

GST Reg No. : GST REG NO. :

S.No.	Item Name	HSN#	Batch Exn.	Qty	Rate	Tot.Amt
1	Plain Sheet 0301 Large	92199	2007	05/25	1	109.00
2	Microshield PVP 727 100 ML	30049	21200	04/22	1	85.00
3	Algaard Hand Rub 500 ML	90189	09200	08/22	1	250.00
4	Dextrose 10% Steribort 500 ml	30049	40200	03/23	1	30.79
5	Syrta 395157 Suricat	90189	00113	07/23	1	430.00
6	Pressure Monitoring Line	90189	K2008	01/24	2	287.00
7	Syringe Nitro 50 ml 50mL	90189	20A15	12/24	1	35.00
8	Syringe Nitro 50 ml 50mL	90189	20h04	07/25	1	150.00
9	Set Gravity Survival	90183	10162	01/23	1	315.00
10	Stocock Surgical Items	90189	10303	03/25	1	153.00
11	Neo Natal Nasal Cannula	30049	34200	05/23	1	750.00
12	Mamyoko S Surgical Items	90019	1AMV	10/23	2	75.00
13	Nacci Wipes General	33049	54n20	06/22	2	110.00
14	Steriport 100 I.V	30049	40600	07/23	1	37.77
15	Cannula 20 Ga Injection	00000	F5906	11/21	1	279.75
16	Neoflan 265 Surgical Items	90189	11074	04/23	2	760.00
17	Neonatal Bubble Wtr	90197	coao	06/24	1	5750.0
18	Infant feeding tube 6fr	90189	20072	06/25	3	54.00
19	Suction Catheter 6 Fr	90183	20087	07/25	3	162.00
20	Syringe Emerald 5 ml	90189	30308	07/25	6	68.00
21	Hypasan 10 Mg Injection	30049	E6100	11/21	1	20.00
22	Amitrust 1.5 Injections	30049	00152	12/21	1	170.00
23	Rescinate 0.5 GM Powder	30049	CAF2N	05/22	2	49.00
24	Prince Emerald 7 ml	90183	93369	11/24	4	9.00
						48.00
	Discount	0.00		Round off	0.09	Total 9073.00

Note: In case of return please bring sales bill along with medicine,

checked by :Tamilarasi

KMC Speciality Hospital (Kamla Nehru Hospital)  
No: 6, Raja Bazar, Patna  
Pharmacy Receipt



IP No. IP0000056121  
Name Mrs. Priyanka A  
Age/Sex 27 Years / Female

Payment Mode Card - Swipe

S.No.	BILL NO.	BILL DATE	To Pay	Paid Amount
1	SADM000071185	01-11-2020	475/-	475/- .00
2	SADM200071187	01-11-2020	800/-	800/- .00

Total Amount : 5557.00

Authorized  
Sunitha S

KRIS Speciality Hospital (Kauvery Hospital)  
No: 6, Royal Road, Trichy

Credit Bill

Token No:716

CTIN No: 33ANUS199E1ZP

BL No :TRI/4416/20-21

TAN No :

Patient Name : Mrs. Priyanga A, 27Y/F, M/O.  
Visit No. :MD000000371916 / IP0000036121  
Doctor Name : Dr. Rajeshwari E, M.B.B.S, DNB  
Place of Supply : Tamil Nadu  
Ward : Labour Ward  
Corporate :  
-----

S.No. Item Name HSN# Batch Exp. Qty Rate Lot.Amt

1	Personal Protective Kit	94189	08/25	1	800.00	800.00
Discount : 0.00		Round off : 0.00		Total : 800.00		

Note: In case of return please bring sales bill along with medicine.

Checked by : Sunita S

Billed by : Krishnamoorthy J, Bill Printed on 11/01/2020 04:54:06 , Created on 11/01/2020 04:54:04

KMC Speciality Hospital (Kauvery Hospital)  
No: 6, Royal Road, Trichy  
Credit Bill

Patient No: 33445544898174

Inv No: IKT/4416/20-21

Inv No:

Patient Name Mrs. Prayaga A, 27Y/F, 40/0,  
Doctor Name Dr. K. Rameshwaran / DR. K. RAMESHWARAN, M.D., M.P.H.  
Place of Supply Tamil Nadu  
Hosp No: Labour Ward  
Department:

BILL NO: 94214200671  
BILL DATE: 01-11-2020  
PAYMENT TYPE: Credit  
TYPE OF SUPPLY: Intra State

S.NO. Item Name

HSN# Batch Exp. Qty Rate Inv.Amt

1	Ranitidine 1 mg Injection	36049 10000 09/22	1	14.36	14.36
2	Iv Set Gravity Surgical Items	90183 10162 01/23	1	315.00	315.00
3	Paraffin Oil 100 ml Injection	36049 9256 04/23	1	5.22	5.22
4	R-Lor 50 mg Injection	36049 10116 12/21	1	3.53	3.53
5	Iv Jetpore X 9 G Surgical	90189 1906 02/22	1	12.00	12.00
6	Easy Bath Plus Surgical Items	90189 10013 08/22	1	355.00	355.00
7	Surgical blade 22 Gauge	90189 90113 02/25	1	5.00	5.00
8	Syringe Bd 40 L.L. 1 ml	90189 90133 01/25	1	8.90	8.90
9	Venflon Safety 18 gauge	90189 93546 12/22	1	365.00	365.00
10	Suction Catheter 8 Fr Surgical	90189 24072 06/25	1	68.00	68.00
11	Gard Clamp Surgical Items	90189 24050 07/24	1	33.00	33.00
12	Easylidide Skin Glue	90189 20080 07/25	1	35.00	35.00
13	Instant reading tube 6fr Surgical	90189 20072 06/25	1	35.00	35.00
14	Vaccut Stick Suction Set	90189 20068 07/25	1	54.00	54.00
15	Hepantil 100 ml 10000 mg I.V.	36049 00546 03/22	2	446.00	446.00
16	Dns Steriport 500 ml 1.0%	36049 71066 12/22	2	442.16	884.32
17	Uterpan 500 ml 1.0% Surgical Items	90189 09-49 12/22	2	75.00	150.00
18	Ri Amanta 500 ml Fluid	36049 32000 02/23	2	49.74	99.48
19	Gloves Truskin 7 GM Surgical	39262 20046 03/25	2	75.00	150.00
20	Syringe Emerald 10 ml Surgical	90183 01667 05/25	2	25.00	50.00
21	Gloves Truskin 6.5 GM Surgical	39262 20070 06/25	2	75.00	150.00
22	Syringe Emerald 5 ml Surgical	90189 30300 07/25	2	24.00	48.00
23	Ns Steriport 500 I.V. Fluid	36049 40600 06/23	3	76.88	230.64
24	Syringe Emerald 2 ml Surgical	36049 40600 06/23	3	76.88	230.64
25	Tremax 1.5 gm Injection	90183 93369 11/24	3	12.00	36.00
26	Metronidazole 0.5 gm	36049 20466 09/22	4	64.50	258.00
27	Justin Syringe 100 mg I.v.	36049 22025 06/23	5	22.40	112.00
28	Gloves Surgical Items	36049 60027 01/23	3	12.60	37.80
29	Gauze Swabs 5 x 5 cm Surgical	90189 91002 09/23	30	15.00	450.00
30	Gauze Swabs 5 x 5 cm Surgical	90189 12102 09/23	30	4.00	120.00
DISCOUNT	6.00				
					Total: 4757.00



KMC Speciality Hospital (Kallivayal Hospital)  
No: 6, Roval Road, Trichy  
Pharmacy Receipt ( Duplicate Bill )

IP No. : IP0000036121      BILL NO. : PRGON20077679  
Name : Mrs. Privavani A      BILL Date : 07-11-2020  
Age/Sex : 77 Years / Female      Payment Mode : Card - Swiggy

S. No.	Bill No.	Bill Date	To Pay	Paid Amount
1	SA2CN200071695	07-11-2020	726	726.00
2	SA2CN700071616	02-11-2020	665	665.00
3	SR7CN20006577	02-11-2020	-144	-144.00
4	SA2CN700071771	01-11-2020	144	144.00

Total Amount : 1391.00

Authorized  
Akilavani S

Bill Printed on 11/02/2020 12:42:18 . Created on 11/02/2020 12:41:22

CTN No : 1 / 1 Trichy - , P - 1 E - W

## KPL Speciality Hospital (Kaveri Hospital)

Token No: 7858

Muz. 6, Roya) Road, Mysore

## Credit Bill

SIN No: 33A005189E17M

Bl. No: TRY/4410/20-21

ISSN No:

Patient Name: Mrs. Pravita A. 27/Y/F, W.O.  
 H.H.D / Visit No: 33A005189E17M / 33A005189E17M  
 Doctor Name: Dr. Rajeshwar E. DSO, DMH  
 Place of Supply: Plant Ward  
 Ward: Labour Ward

Corporate

:

S.No.	Item Name	HSS# Hatch Exp.	Qty	Rate	Int. Amt
1	Ibepanil 100 mg 1000 mg I.V.	330049 VH540 03/22	1	442.16	442.16
2	Taximax 1.5 gm Injection	330049 200460 09/22	1	64.50	64.50
3	Blazman 40 mg Injection	330049 01012 06/23	4	48.00	192.00
4	Syringe barrel 10 ml SURGICAL	330049 01667 05/23	2	25.00	50.00
5	Paracet 400 mg Tablet	330049 200441 07/23	10	9.20	92.00
6	Vergesic 1000 mg Tablet	330049 00089 09/23	10	2.90	29.00
				Total	726.40
	Discount	0.00	Round off	0.34	

Checked by: Athira

Note: In case of return please bring sales bill  
 along with medicine.

Billed by Athira. Bill Printed on 11/02/2020 12:27:44, Created on  
 11/02/2020 12:27:41

## KMC Speciality Hospital (Kanveri Hospital)

No: 6, Royal Road, Trichy

Credit Bill

Token No: 771

GSTIN No: 33AADCS0189E17M

DL No : TRT/4410/20-21

TAN No :

Patient Name : Mrs. Privanga A. 27Y/F, W/O,  
 UHID / Visit No. : CN200000371916 / IP0000036121  
 Doctor Name : Dr. Rajeshwari E. DGO, DMV  
 Place of Supply : Tamil Nadu  
 Ward : Labour Ward  
 Corporate :

## S.No. Item Name

HSN# Batch EXPD. Qty Rate Tot.Amt

1	Taximax 1.5 Gm Injection	30049 70460 09/22	A	64.50	64.50
2	Glacon 40 MG Injection	30049 d1012 06/23	A	48.00	48.00
3	Metronidazole Claris 100 ML	30049 22025 06/23	A	22.40	44.80
4	Ofteroad 3 Nos Surgical Items	90189 DR-09 12/22	A	156.00	312.00
5	Syringe Emerald 10 ML Surgical	90183 01667 05/25	A	75.00	75.00
6	Pan 40 MG Tablet	30049 20441 02/23	A	9.20	9.20
7	Pyrigesic 1000 MG Tablet	30049 0089 09/23	A	7.90	7.90
<b>Discount</b>		<b>0.00</b>	<b>Round off</b>	<b>-0.30</b>	<b>Total</b>
					665.00

Note: In case of return please bring sales bill along with medicine.

Checked by : Athirai

Billed by Athirai, Bill printed on 11/02/2020 09:09:36 . Created on 11/02/2020 09:09:37



E 14



KMC Soeciality Hospital (Kauvery Hospital) .

Token No:9025

No: 6, Roval Road, Trichy  
Credit Bill

GSTIN No: 33AADGCS0189E17M

DL No :TRT/4410/20-21

TAN No :

Patient Name	:Mrs. Privanya A. 27Y/F, W/O:	BILL NO.	:SAZCN200072334
UHID / Visit No.	:CN20000371916 / IP0000036121	BILL DATE	:03-11-2020
Doctor Name	:Dr. Rajeshwari E. DGO , DNB	PAYMENT TYPE	:Credit
Place of Supply	:Tamil Nadu	TYPE OF SUPPLY	:Intra State
Ward	:Labour Ward		
Corporate	:		

S.No.	Item Name	HSN# Batch Exo.	Qty	Rate	Tot.Amt
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1	Offerpad 3NOS Surgical Items	90189	08-09	12/22	1 156.00 156.00
DISCOUNT	0.00		Round off	0.00	Total 156.00

Checked By :Raja R

Note: In case of return please bring sales bill along with medicine.

Billed by Akilavani S. Bill printed on 11/03/2020 20:21:18 , Created on  
11/03/2020 20:21:11

E 14

**KMC Speciality Hospital (Kauvery Hospital)**

No: 6, Roval Road, Trichy

Sales Return

GSTIN No: 33AA0CS0189E1ZM

DL No :TRT/4410/20-21

TAN No :

Sale Return No	:SR2CN20006657	Sale Return Date	:04-11-2020
Bill No	:-	BILL Date	:-
IP No	IP0000036121	UHID	:CN20000037191
Patient	:Mrs. Priyanga A, 27Y/F,	Payment Type	:Credit
Place of Supply	:Tamil Nadu	Type of Supply	:Intra State
Corporate	:	Ward Name	:Labour Ward

S.No.	Item Name	HSN#	Batch	Expiry	Qty	Rate	GST	Tax.Amt.	MRP
1	Syringe Emerald 10	90183100	0166765	05/25	2	25.00	0%	50.00	50.00
2	Taximax 1.5 Gm	30049099	2046044	09/22	1	64.50	0%	64.50	64.50
3	Glandan 40 MG	30049099	d101204	06/23	1	48.00	0%	48.00	48.00
4	Metronidazole	30049099	2202513	06/23	1	22.40	0%	22.40	22.40
5	Syringe Emerald 10	90183100	0166765	05/25	1	25.00	0%	50.00	50.00
6	Glandan 40 MG	30049099	d101204	06/23	1	48.00	0%	48.00	48.00
7	Pyrigesic 1000 Mg	30049099	0089	09/23	10	2.90	0%	29.00	29.00
8	Pan 40 Mg Tablet	30049099	2044185	02/23	10	9.70	0%	97.00	97.00
<b>Discount</b>	<b>0.00</b>								
<b>CGST</b>	<b>0.00</b>						<b>SGST</b>	<b>0.00</b>	
							Total	404.00	

Rupees Four Hundred and Four only

Discharge