

PHARMACY BILL CUM RECEIPT

Narayana Multispeciality Hospital-OPD, Whitefield Bangalore- OPD Pharmacy - Whitefield OPD

Plot No. 3&4, ITPL Main Road, , Opp to ITPL Main Gate, Sadaramangala Industrial Area,
Whitefield, , Karnataka, India -560066

Patient Name : Mr MUNNA LAL SINGH
Patient MRN : 10080000161496
Patient Phone No : 917022287048
Date : 09-02-2019 03:56 PM

Consultant Name : Gunal V
Bill No : INVP-5008-1902002606
Receipt No : RCPP-5008-1902002575
Visit No : AMB-001

Particulars	Manufacturer	Sch.	Batch/Exp	Qty	Unit Rate	SGST (%)	CGST (%)	Amount (Rs)
LIQUID PARAFFIN+MAGNESIUM HYDROXIDE-LIQUID-200ML-CREMAFFIN WHITE- (30049032)	ABBOTT LAB	H	950502D7 /2021-10-30	1	174.40	6	6	174.40
METFORMIN(SR)-TABLET-500MG-GLYCOMET SR- (30049099)	USV LTD	H	48011223 /2020-08-30	30	2.05	6	6	61.50
AMLODIPINE-TABLET-5MG-AMLONG- (30049073)	MICRO LAB	H	AMBS0354 /2021-09-30	30	2.74	6	6	82.20
LABETALOL-TABLET-100MG-LABEBET - (30049079)	SUN PHARMA	H	EMT2620 /2020-09-30	20	13.60	6	6	272.00
PANTOPRAZOLE-TABLET-40MG-PANTOTAB- (30049099)	MICRO LAB	-	PAAS0016 /2020-10-30	7	8.90	6	6	62.30
PARACETAMOL-TABLET-500MG-PARACIP- (30049069)	CIPLA LTD	H	7M38/2019-12-30	10	0.87	6	6	8.70
AMOXICILLIN+CLAVULANIC ACID-TABLET-500MG+125MG-AUGMENTIN DUO- (30049087)	GLAXO SMITHKLINE PHARMA LTD	H	MB511 /2019-12-30	10	18.88	6	6	188.80
LEVETIRACETAM-TABLET-500MG-LEVIPIL- (30049082)	SUN PHARMA	H	EMT2615 /2020-09-30	14	12.42	6	6	173.88
GLUCOMETER---ACCU CHEK AVIVA- (90189019)	-	-	10158483 /2021-03-30	1	1890.00	6	6	1890.00

Summary

Tax - SGST_6.0: 140.48, CGST_6.0: 140.48
Discount - Patient: 291.38, Sponsor: 0.00
Payment Mode - Paid via CARD Rs 2622.00

Total : 2913.78
Discount : 291.38
Net Amount : 2622.40
Sponsor Payable : 0.00
Patient Round Off : (-)0.40
Patient Payable Amt : **2622.00**

Total savings: **Rs. 291.38**

DL NO : KA-B61-143403-20/143404-20B/143405-20F/143406-21/143407-21B | GSTIN : 29AABCN1685J1Z4 | E & OE |

Items once sold shall not be taken back or exchanged. Any excess collection by oversight will be refunded as per Drug (Price Control) order,1970

BILL CUM RECEIPT

Patient Category	: Corporate	Bill No.	: INV-O-159-19008780
MRN	: 10080000161496	Bill Date	: February 12, 2019 11:19
Patient Name	: Mr MUNNA LAL SINGH	Visit No.	: OP-002
Gender / Age	: MALE/68 Years 9 Days	Charge Class	: OPD
Contact No	: 917022287048	Corporate Sponsor	: IP CASH
Address	: INDUS INOVA, MAHADEV PURA, .. Bangalore, Karnataka, INDIA -- 560037	Plan Name	: CASH-PAYING PLAN
		Corporate Sponsor (Account Number)	: 1044

Description	Date	MRP	Unit Rate	Qty	Amount(Rs)
<u>Diagnostics Non-Lab</u> CT BRAIN PLAIN	12-02-2019		3,750.00	1	3,750.00
<u>Diagnostics Non-Lab Total</u>					3,750.00
Total Hospital Charges for Services/Items rendered					3,750.00
Total Bill Amount Including Taxes before round off					3,750.00
Patient Payable Amount					3,750.00

Amount in words : Rupees Three Thousand Seven Hundred Fifty Only

Sl No	Receipt No	Amount	Mode	Ref No	Instrument Details	Instrument Date
1	RCP-1591918214	3,750.00	Credit Card	NA	HDFC	NA
Total		3,750.00				

Balance Details	
Gross bill amount :	3,750.00
Net Amount :	3,750.00
Amount Paid :	3,750.00
Balance To Pay :	0.00

Prepared By : Sreedhari P
 Generated By : Sreedhari P / Sreedhari P, 315118

Prepared On : Feb 12, 2019
 Generated On : 12/02/2019 11:19

PHARMACY BILL CUM RECEIPT

Narayana Multispeciality Hospital-OPD, Whitefield Bangalore- OPD Pharmacy - Whitefield OPD

Plot No. 3&4, ITPL Main Road, , Opp to ITPL Main Gate, Sadaramangala Industrial Area,
Whitefield, , Karnataka, India -560066

Patient Name : Mr MUNNA LAL SINGH
Patient MRN : 10080000161496
Patient Phone No : 917022287048
Date : 20-02-2019 03:44 PM

Consultant Name : Dr. Raj Devashis Chakravarty
Bill No : INV-P-5008-1902005635
Receipt No : RCPP-5008-1902005564, RCPP-5008-1902005563
Visit No : AMB-003

Particulars	Manufacturer	Sch.	Batch/Exp	Qty	Unit Rate	SGST (%)	CGST (%)	Amount (Rs)
LABETALOL-TABLET-100MG-LABEBET - (30049079)	SUN PHARMA	H	EMT2620 /2020-09-30	50	13.60	6	6	680.00
SITAGLIPTIN+METFORMIN HCL-TABLET-50MG+500MG-ISTAMET- (30049099)	SUN PHARMA	H	8790684A /2020-07-30	60	25.30	6	6	1518.00
FAROPENEM-TABLET-200MG-FARONEM- (30049099)	RANBAXY LAB	H	PET0070 /2020-03-30	20	78.50	6	6	1570.00

Summary

Tax - SGST_6.0: 181.68, CGST_6.0: 181.68

Discount - Patient: 376.80, Sponsor: 0.00

Payment Mode - Paid via CASH Rs 112.00, Paid via CARD Rs 3279.00

Total : 3768.00
Discount : 376.80
Net Amount : 3391.20
Sponsor Payable : 0.00
Patient Round Off : (-)0.20
Patient Payable Amt : **3391.00**

Total savings: **Rs. 376.80**

Prepared By: Sowjanya V, 333447

Qualified Pharmacist: Mr.Arif Ahmed-RP-31256, Ms. Chaithra - RP - 53423

Generated By: Sowjanya V | Generated On: 20-02-2019 15:44 | Signature:

DL NO : KA-B61-143403-20/143404-20B/143405-20F/143406-21/143407-21B | GSTIN : 29AABCN168SJ1Z4 | E & OE |

Items once sold shall not be taken back or exchanged. Any excess collection by oversight will be refunded as per Drug (Price Control) order,1970

BILL CUM RECEIPT

Patient Category MRN Patient Name Gender / Age Contact No Address	: Corporate : 10080000161496 : Mr MUNNA LAL SINGH : MALE/68 Years 20 Days : 917022287048 : INDUS INOVA, MAHADEV PURA, .. Bangalore, Karnataka, INDIA - - 560037	Bill No. Bill Date Visit No. Charge Class Corporate Sponsor Plan Name Corporate Sponsor (Account Number)	: INV-O-159-19011411 : February 23, 2019 13:46 : OP-003 : OPD : IP CASH : WHITEFIELD_CASH_PAYING PLAN_2019 : 1044
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Description	Date	MRP	Unit Rate	Qty	Amount(Rs)
Procedures					
DRESSING - WoA	23-02-2019		440.00	1	440.00
Procedures Total					440.00
Total Hospital Charges for Services/Items rendered					440.00
Total Bill Amount Including Taxes before round off					440.00
Patient Payable Amount					440.00

Amount in words : Rupees Four Hundred Fourty Only

SI No	Receipt No	Amount	Mode	Ref No	Instrument Details	Instrument Date
1	RCP-1591923672	440.00	Credit Card	NA	HDFC	NA
Total		440.00				

Balance Details	
Gross bill amount	: 440.00
Net Amount	: 440.00
Amount Paid	: 440.00
Balance To Pay	: 0.00

Prepared By Pasupuleti Krushna Chaitanya Kumar
Generated By Pasupuleti Krushna Chaitanya Kumar / Pasupuleti Krushna Chaitanya Kumar, 341870

Prepared On Feb 23, 2019
Generated On 23/02/2019 13:46

BILL CUM RECEIPT

Patient Category	: Corporate	Bill No.	: INV-O-159-19015941
MRN	: 10080000161496	Bill Date	: March 16, 2019 10:50
Patient Name	: Mr MUNNA LAL SINGH	Visit No.	: OP-004
Gender / Age	: MALE/68 Years 1 Month	Charge Class	: OPD
Contact No	: 917022287048	Corporate Sponsor	: IP CASH
Address	: INDUS INOVA, MAHADEV PURA, , Bangalore, Karnataka, INDIA - - 560037	Plan Name	: WHITEFIELD_CASH_PAYING PLAN_2019
		Corporate Sponsor (Account Number)	: 1044

Description	Date	MRP	Unit Rate	Qty	Amount(Rs)
Diagnostics Non-Lab					
CT BRAIN PLAIN	16-03-2019		4,130.00	1	4,130.00
Diagnostics Non-Lab Total					4,130.00
Total Hospital Charges for Services/Items rendered					4,130.00
Total Bill Amount Including Taxes before round off					4,130.00
Patient Payable Amount					4,130.00

Amount in words : Rupees Four Thousand One Hundred Thirty Only

SI No	Receipt No	Amount	Mode	Ref No	Instrument Details	Instrument Date
1	RCP-1591933693	4,130.00	Cash	NA	NA	NA
Total		4,130.00				

Balance Details	
Gross bill amount :	4,130.00
Net Amount :	4,130.00
Amount Paid :	4,130.00
Balance To Pay :	0.00

Prepared By : Sreedhari P
 Generated By : Sreedhari P / Sreedhari P, 315118

Prepared On : Mar 16, 2019
 Generated On : 16/03/2019 10:50

BILL CUM RECEIPT

Patient Category	: Corporate	Bill No.	: INV-O-159-19022828
MRN	: 10080000161496	Bill Date	: April 17, 2019 11:02
Patient Name	: Mr MUNNA LAL SINGH	Visit No.	: OP-005
Gender / Age	: MALE/68 Years 2 Months	Charge Class	: OPD
Contact No	: 917022287048	Corporate Sponsor	: IP CASH
Address	: INDUS INOVA, MAHADEVUPURA, , Bangalore, Karnataka, INDIA - - 560037	Plan Name	: WHITEFIELD_CASH_PAYING PLAN_2019
		Corporate Sponsor (Account Number)	: 1044

Description	Date	MRP	Unit Rate	Qty	Amount(Rs)
Diagnostics Non-Lab					
CT BRAIN PLAIN	17-04-2019		4,130.00	1	4,130.00
Diagnostics Non-Lab Total					4,130.00
Total Hospital Charges for Services/Items rendered					4,130.00
Total Bill Amount Including Taxes before round off					4,130.00
Patient Payable Amount					4,130.00

Amount in words : Rupees Four Thousand One Hundred Thirty Only

Sl No	Receipt No	Amount	Mode	Ref No	Instrument Details	Instrument Date
1	RCP-1591948792	4,130.00	Credit Card	NA	HDFC BANK	NA
Total		4,130.00				

Balance Details	
Gross bill amount :	4,130.00
Net Amount :	4,130.00
Amount Paid :	4,130.00
Balance To Pay :	0.00

Prepared By : Sreedhari P
 Generated By : Sreedhari P / Sreedhari P, 315118

Prepared On : Apr 17, 2019
 Generated On : 17/04/2019 11:02

BILL CUM RECEIPT

Patient Category : Cash	Invoice No. : INV-A-159-19024653
MRN : 10080000161496	Invoice Date : April 20, 2019 11:26
Patient Name : Mr MUNNA LAL SINGH	Visit No. : OP-006
Gender / Age : MALE/68 Years 2 Months	Charge Class : OPD
Contact No : 917022287048	
Address : INDUS INOVA, MAHADEV PURA, .. Bangalore, Karnataka, INDIA - - 560037	

Description	Unit Rate	Qty	Amount (Rs)	Total Amount (Rs)
Administrative				
CONSULTATION - FIRST VISIT Dr Shilpa Singi GENERAL MEDICINE	500.00	1.00	500.00	
Administrative Total				500.00
Total Hospital Charges for Services/Items rendered				500.00

Total Bill Amount Including Taxes before round off 500.00

Final Bill Amount including Taxes 500.00

Amount in words : Rupees Five Hundred Only

Sl No	Receipt No	Amount	Mode	Ref No	Instrument Details	Instrument Date
1	RCP-1591950205	500.00	Credit Card	NA	SBI BANK	NA
Total		500.00				

Balance Details

Gross bill amount :	500.00
Net Amount :	500.00
Amount Paid :	500.00
Balance To Pay :	0.00

Generated By Sheeba K / Sheeba K, 316191

Generated On

20/04/2019 11:26

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Narayana Hrudayalaya Limited

(Previously Narayana Hrudayalaya Pvt. Ltd.) CIN: L85110KA2000PLC027497

Plot No. 3 & 4, Sadaramangala Industrial Area, Whitefield, Bangalore 560066

Fax : +91 80 71112444. info.wf@nhhospitals.org. www.narayanahealth.org

Registered Office : 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Corporate Office : 261/A, 2nd Floor, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

BILL CUM RECEIPT

Patient Category : Cash
 MRN : 10080000161496
 Patient Name : Mr MUNNA LAL SINGH
 Gender / Age : MALE/68 Years 4 Months
 Contact No : 917022287048
 Address : INDUS INOVA, MAHADEV PURA, ..
 Bangalore, Karnataka, INDIA -- 560037

Invoice No. : INV-A-159-19035440
 Invoice Date : June 10, 2019 09:43
 Visit No. : OP-008
 Charge Class : OPD

Description	Unit Rate	Qty	Amount (Rs)	Total Amount (Rs)
Administrative				
CONSULTATION - REVISIT Dr Gunal V NEURO SURGERY	500.00	1.00	500.00	
Administrative Total				500.00
Total Hospital Charges for Services/Items rendered			500.00	500.00
Total Bill Amount Including Taxes before round off				500.00
Final Bill Amount including Taxes				500.00
Amount in words : Rupees Five Hundred Only				

Sl No	Receipt No	Amount	Mode	Ref No	Instrument Details	Instrument Date
1	RCP-1591972715	500.00	Credit Card	NA	CITI	NA
Total		500.00				

Balance Details	
Gross bill amount :	500.00
Net Amount :	500.00
Amount Paid :	500.00
Balance To Pay :	0.00

Generated By : Sheeba K / Sheeba K, 316191

Generated On : 10/06/2019 09:43

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(Previously Narayana Hrudayalaya Pvt. Ltd.) CIN: L85110KA2000PLC027497

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