




<b>GSTIN : 36AAACA5443N3ZH</b>		<b>OP Cash Bill - Bill of Supply</b>		<b>Reference No : 4790</b>	
<b>Name</b> : Mr. NALLA SHASHIDHAR REDDY <b>Age</b> : 31Yr 0Mth 0Days <b>Father Name</b> : NALLA CHUKKA REDDY <b>Sex</b> : Male <b>Address</b> : CHOPPADANDI, ARNAKONDA Karimnagar Telangana India, CellNo:91-9989101715			<b>UHID:</b> ARH1.0001210516 (QR) 		
			<b>OP Number:</b> ARH1OPP520320 		
<b>Doctor's Name</b> : Dr. EMERGENCY DOCTOR <b>Speciality</b> : EMERGENCY MEDICINE			<b>Bill No</b> : ARH1-OCS-354968 <b>Date</b> : 27-May-21 <b>Time</b> : 14:45:36 		
<b>Bill Amount: ₹. 850.00</b> <span style="float:right">FOR APOLLO HOSPITALS</span> Amount in words: ₹ Eight Hundred Fifty Only					
<b>S.No</b>	<b>Service Type/Service Name</b>	<b>Department</b>	<b>Quantity</b>	<b>Amount (INR)</b>	
1	Investigations(999311)				
1	COVISHIELD VACCINATION CHARGES	General Medicine	1	850.00	
	<b>Sub Total</b>			<b>850.00</b>	
<b>Service Amount :</b>			850.00		
<b>Total Bill Amount</b>			850.00		
<b>Final Payment</b> (Cash:850.00, NonCash:0.00)			850.00		
<b>No Tax is Payable on Reverse Charge Basis</b> <b>Receipt Details: Received with thanks sum of ₹. 850.00 (CASH)</b> <b>₹ Eight Hundred Fifty Only From Mr. NALLA SHASHIDHAR REDDY</b>					
<b>* Denotes Cancelled Services</b> <b>(QR) Denotes Quick Registration</b>			Authorized Signatory		
Mr. Venkateshwarlu Kadarla <b>Cashier</b> <div style="text-align:right">Online Payment access- <a href="https://pay.apollohospitals.com">https://pay.apollohospitals.com</a></div>					