

Interim Inpatient Bill

IPNo. : 111001 Patient Name : Mr. PARV GUPTA Bed No. : 234-B Doctor Name : Dr. Anurag Saxena Patient Type : Credit Payer : MEDIASSIST - (GIPSA) Patient Address : C 156 GF New Delhi 110024 DELHI	UHID : PSSH.437081 Admission DateTime : 21/07/2024 15:23:11 Age/Sex : 26 Year(s) / Male Discharge Acknowledged : 24/07/2024 13:18:24 Doctor Speciality : Internal Medicine Insurance Company : THE NEW INDIA INSURANCE COMPANY LTD MobileNo : 9953612535
--	---

Sl.No.	Item Name	Item Code	DateTime	Qty	Unit Price	GST %	Patient Amt	Company Amt	Amount(Rs.)
<u>Room Rent</u>									
1	234-B		21/7/24 22/7/24	1	4400.00		0.00	4,400.00	4,400.00
2	234-B		22/7/24 23/7/24	1	4400.00		0.00	4,400.00	4,400.00
3	234-B		23/7/24 24/7/24	1	4400.00		0.00	4,400.00	4,400.00
Sub Total :							0.00	13,200.00	13,200.00
<u>Laboratory Services</u>									
4	Complete Blood Count - CBC, Whole Blood EDTA		21/7/24	1	490.00		0.00	490.00	490.00
5	KIDNEY FUNCTION TEST (KFT),Serum		21/7/24	1	1307.00		0.00	1,307.00	1,307.00
6	Liver Function Test (LFT),Serum		21/7/24	1	1390.00		0.00	1,390.00	1,390.00
7	C Reactive Protein CRP (Quantitative)		22/7/24	1	600.00		0.00	600.00	600.00
8	ESR(westergren),Whole Blood EDTA		22/7/24	1	230.00		0.00	230.00	230.00
Sub Total :							0.00	4,017.00	4,017.00
<u>Radiology Services</u>									
9	Chest X-Ray PA View (one Film)		21/7/24	1	490.00		0.00	490.00	490.00
10	X-Ray Rt. Knee AP+LAT		22/7/24	1	940.00		0.00	940.00	940.00
11	Ultrasound Doppler arterial and venous single limb		22/7/24	1	4300.00		0.00	4,300.00	4,300.00
12	MRI RIGHT KNEE		22/7/24	1	8000.00		0.00	8,000.00	8,000.00
Sub Total :							0.00	13,730.00	13,730.00
<u>Nursing Procedures</u>									
13	Nursing Care charge*		21/7/24	1	500.00		0.00	500.00	500.00
14	IV CannulationVenesection*		21/7/24	1	305.00		0.00	305.00	305.00
15	ECG (PR-Nurs)*		21/7/24	1	389.00		0.00	389.00	389.00
16	Diet Charges*		21/7/24	1	400.00		0.00	400.00	400.00

Interim Inpatient Bill

IPNo. : 111001 Patient Name : Mr. PARV GUPTA Bed No. : 234-B Doctor Name : Dr. Anurag Saxena Patient Type : Credit Payer : MEDIASSIST - (GIPSA) Patient Address : C 156 GF New Delhi 110024 DELHI	UHID : PSSH.437081 Admission DateTime : 21/07/2024 15:23:11 Age/Sex : 26 Year(s) / Male Discharge Acknowledged : 24/07/2024 13:18:24 Doctor Speciality : Internal Medicine Insurance Company : THE NEW INDIA INSURANCE COMPANY LTD MobileNo : 9953612535
--	---

Sl.No.	Item Name	Item Code	DateTime	Qty	Unit Price	GST %	Patient Amt	Company Amt	Amount(Rs.)
17	Nursing Care charge*		22/7/24	1	500.00		0.00	500.00	500.00
18	Diet Charges*		22/7/24	1	400.00		0.00	400.00	400.00
19	Nursing Care charge*		23/7/24	1	500.00		0.00	500.00	500.00
20	Diet Charges*		23/7/24	1	400.00		0.00	400.00	400.00
21	Nursing Care charge*		24/7/24	1	500.00		0.00	500.00	500.00

Sub Total :	0.00	3,894.00	3,894.00
--------------------	------	----------	----------

Pharmacy

22	JUSTIN AQ 1ML INJ (DICLOFENAC) (NEON)		21/7/24	1	23.20		0.00	23.20	23.20
23	MYORIL INJ 2ML (THIOLCHOLCHICOSIDE) (SANOFI)		21/7/24	1	61.04		0.00	61.04	61.04
24	NS 500ML (SODIUM CHLORIDE) (ABARIS)		21/7/24	1	39.04		0.00	39.04	39.04
25	NS 100ML (SODIUM CHLORIDE) (ABARIS)		21/7/24	1	22.04		0.00	22.04	22.04
26	JUSTIN AQ 1ML INJ (DICLOFENAC) (NEON)		21/7/24	1	23.20		0.00	23.20	23.20
27	MYORIL INJ 2ML (THIOLCHOLCHICOSIDE) (SANOFI)		21/7/24	1	61.04		0.00	61.04	61.04
28	MYORIL INJ 2ML (THIOLCHOLCHICOSIDE) (SANOFI)		22/7/24	1	61.04		0.00	61.04	61.04
29	FECTZONE 1GM INJ (CEFTRIAXONE) (PANZIN)		22/7/24	2	69.00		0.00	138.00	138.00
30	PANTOCID 40 TAB 1X15 (PANTOPRAZOLE) (SUN PHARMA)		22/7/24	1	12.53		0.00	12.53	12.53
31	PANTOCID 40 TAB 1X15 (PANTOPRAZOLE) (SUN PHARMA)		22/7/24	1	12.53		0.00	12.53	12.53
32	JUSTIN AQ 1ML INJ (DICLOFENAC) (NEON)		22/7/24	1	23.20		0.00	23.20	23.20

Interim Inpatient Bill

IPNo. : 111001 Patient Name : Mr. PARV GUPTA Bed No. : 234-B Doctor Name : Dr. Anurag Saxena Patient Type : Credit Payer : MEDIASSIST - (GIPSA) Patient Address : C 156 GF New Delhi 110024 DELHI	UHID : PSSH.437081 Admission DateTime : 21/07/2024 15:23:11 Age/Sex : 26 Year(s) / Male Discharge Acknowledged : 24/07/2024 13:18:24 Doctor Speciality : Internal Medicine Insurance Company : THE NEW INDIA INSURANCE COMPANY LTD MobileNo : 9953612535
--	---

Sl.No.	Item Name	Item Code	DateTime	Qty	Unit Price	GST %	Patient Amt	Company Amt	Amount(Rs.)
33	MYORIL INJ 2ML (THIOCOLCHICOSIDE) (SANOFI)		22/7/24	2	61.04		0.00	122.08	122.08
34	EVION LC TAB 1X10 (LEVO-CARNITINE + VITAMIN E) (MERCK)		22/7/24	1	5.69		0.00	5.69	5.69
35	FECTZONE 1GM INJ (CEFTRIAXONE) (PANZIN)		22/7/24	1	69.00		0.00	69.00	69.00
36	NS 100ML (SODIUM CHLORIDE) (ABARIS)		22/7/24	1	22.04		0.00	22.04	22.04
37	NS 500ML (SODIUM CHLORIDE) (ABARIS)		22/7/24	1	39.04		0.00	39.04	39.04
38	RETOZ NEO 90 MG TAB 1X10 (ETORICOXIB) (DR. REDDYS)		22/7/24	3	16.88		0.00	50.64	50.64
39	EVION LC TAB 1X10 (LEVO-CARNITINE + VITAMIN E) (MERCK)		22/7/24	1	5.69		0.00	5.69	5.69
40	ETOSHINE 90MG 1X15 TAB (ETORICOXIB) (SUN)		23/7/24	2	16.40		0.00	32.80	32.80
41	RETORY 90 TH (1X10) TAB (ETORICOXIB + THIOCOLCHICOSIDE) (MRL PHARMA)		23/7/24	2	48.00		0.00	96.00	96.00
42	BONABOND SOFTGEL CAP 1X10 (PARNASA)		23/7/24	1	31.80		0.00	31.80	31.80
43	SIGNOFLAM TAB (ACECLOFENAC + PARA. + SERRA.) (LUPIN)		23/7/24	2	14.78		0.00	29.56	29.56
44	LIMCEE 500MG CHEWABLE TAB (VITAMIN C) (ABBOTT)		23/7/24	2	1.66		0.00	3.32	3.32

Interim Inpatient Bill

IPNo.	: 111001	UHID	: PSSH.437081
Patient Name	: Mr. PARV GUPTA	Admission DateTime	: 21/07/2024 15:23:11
Bed No.	: 234-B	Age/Sex	: 26 Year(s) / Male
Doctor Name	: Dr. Anurag Saxena	Discharge Acknowledged	: 24/07/2024 13:18:24
Patient Type	: Credit	Doctor Speciality	: Internal Medicine
Payer	: MEDIASSIST - (GIPSA)	Insurance Company	: THE NEW INDIA INSURANCE COMPANY LTD
Patient Address	: C 156 GF New Delhi 110024 DELHI	MobileNo	: 9953612535

Sl.No.	Item Name	Item Code	DateTime	Qty	Unit Price	GST %	Patient Amt	Company Amt	Amount(Rs.)
45	GOLDCAL-D3 CAP 1X4 (CHOLECALCIFEROL) (RONYD)		23/7/24	1	36.25		0.00	36.25	36.25
46	FECTZONE 1GM INJ (CEFTRIAXONE) (PANZIN)		23/7/24	1	69.00		0.00	69.00	69.00
47	FECTZONE 1GM INJ (CEFTRIAXONE) (PANZIN)		23/7/24	1	69.00		0.00	69.00	69.00
48	NS 100ML (SODIUM CHLORIDE) (ABARIS)		23/7/24	1	22.04		0.00	22.04	22.04
49	RETORY 90 TH (1X10) TAB (ETORICOXIB + THIOCOLCHICOSIDE) (MRL PHARMA)		23/7/24	2	48.00		0.00	96.00	96.00
50	MYORIL INJ 2ML (THIOCOLCHICOSIDE) (SANOFI)		23/7/24	1	61.04		0.00	61.04	61.04
51	JUSTIN AQ 1ML INJ (DICLOFENAC) (NEON)		23/7/24	1	23.20		0.00	23.20	23.20
52	PANTOCID 40 TAB 1X15 (PANTOPRAZOLE) (SUN PHARMA)		23/7/24	1	12.53		0.00	12.53	12.53
53	THYRONORM 50MCG 1X 120 TAB (THYROXINE SODIUM) (ABBOTT)		23/7/24	1	138.43		0.00	138.43	138.43
54	BONABOND SOFTGEL CAP 1X10 (PARNASA)		24/7/24	1	31.80		0.00	31.80	31.80
55	EVION LC TAB 1X10 (LEVO-CARNITINE + VITAMIN E) (MERCK)		24/7/24	1	5.69		0.00	5.69	5.69
Sub Total :							0.00	1,549.50	1,549.50

Doctor Fee

56	Dr.Anurag Saxena (Internal Medicine)		21/7/24	1	900.00		0.00	900.00	900.00
----	---	--	---------	---	--------	--	------	--------	--------

Interim Inpatient Bill

IPNo. : 111001 Patient Name : Mr. PARV GUPTA Bed No. : 234-B Doctor Name : Dr. Anurag Saxena Patient Type : Credit Payer : MEDIASSIST - (GIPSA) Patient Address : C 156 GF New Delhi 110024 DELHI	UHID : PSSH.437081 Admission DateTime : 21/07/2024 15:23:11 Age/Sex : 26 Year(s) / Male Discharge Acknowledged : 24/07/2024 13:18:24 Doctor Speciality : Internal Medicine Insurance Company : THE NEW INDIA INSURANCE COMPANY LTD MobileNo : 9953612535
--	---

Sl.No.	Item Name	Item Code	DateTime	Qty	Unit Price	GST %	Patient Amt	Company Amt	Amount(Rs.)
57	Dr.Anurag Saxena (Internal Medicine)		22/7/24	1	900.00		0.00	900.00	900.00
58	Dr.Anurag Saxena (Internal Medicine)		22/7/24	1	900.00		0.00	900.00	900.00
59	Dr.Anurag Saxena (Internal Medicine)		23/7/24	1	900.00		0.00	900.00	900.00
60	Dr.Anurag Saxena (Internal Medicine)		23/7/24	1	900.00		0.00	900.00	900.00
61	Deptt. of Physio Therapy*		23/7/24	1	900.00		0.00	900.00	900.00
62	Dr.Anurag Saxena (Internal Medicine)		24/7/24	1	900.00		0.00	900.00	900.00
63	Deptt. of Physio Therapy*		24/7/24	1	900.00		0.00	900.00	900.00
Sub Total :							0.00	7,200.00	7,200.00

Surgicals/Consumables

64	ONE PLUS BLOOD GLUCOSE STRIPS I-SENS (50X 2)		21/7/24	1	33.50		33.50	0.00	33.50
65	DISPOVAN NEEDLE 26G (0.5) (HMD)		21/7/24	1	2.40		0.00	2.40	2.40
66	EXAMINATION GLOVES (CARE-X)		21/7/24	6	14.00		0.00	84.00	84.00
67	SYRINGE PERFEKTUM 2.5ML WITH NEEDLE (HMD)		21/7/24	2	9.90		0.00	19.80	19.80
68	I V CANNULA 20G (HELMIER)		21/7/24	1	310.00		0.00	310.00	310.00
69	PATIENT IDENTIFY BAND BLUE		21/7/24	1	12.00		12.00	0.00	12.00
70	IV SET (ROMSONS) SS-3062		21/7/24	1	180.00		0.00	180.00	180.00
71	SYRINGE PERFEKTUM 10ML WITH NEEDLE (HMD)		22/7/24	1	19.80		0.00	19.80	19.80

Interim Inpatient Bill

IPNo. : 111001 Patient Name : Mr. PARV GUPTA Bed No. : 234-B Doctor Name : Dr. Anurag Saxena Patient Type : Credit Payer : MEDIASSIST - (GIPSA) Patient Address : C 156 GF New Delhi 110024 DELHI	UHID : PSSH.437081 Admission DateTime : 21/07/2024 15:23:11 Age/Sex : 26 Year(s) / Male Discharge Acknowledged : 24/07/2024 13:18:24 Doctor Speciality : Internal Medicine Insurance Company : THE NEW INDIA INSURANCE COMPANY LTD MobileNo : 9953612535
--	---

Sl.No.	Item Name	Item Code	DateTime	Qty	Unit Price	GST %	Patient Amt	Company Amt	Amount(Rs.)
72	DISPOVAN INSULIN SYRINGE 1ML MP 31G U40 (HMD)		22/7/24	1	10.40		0.00	10.40	10.40
73	SYRINGE PERFEKTUM 2.5ML WITH NEEDLE (HMD)		22/7/24	1	9.90		0.00	9.90	9.90
74	SYRINGE PERFEKTUM 10ML WITH NEEDLE (HMD)		22/7/24	2	19.80		0.00	39.60	39.60
75	KNEE IMMOBLIZER -L		23/7/24	1	850.00		850.00	0.00	850.00
76	SYRINGE PERFEKTUM 10ML WITH NEEDLE (HMD)		23/7/24	1	19.80		0.00	19.80	19.80
77	SYRINGE PERFEKTUM 5ML WITH NEEDLE (HMD)		23/7/24	1	12.10		0.00	12.10	12.10
Sub Total :							895.50	707.80	1,603.30
<u>Admission Charges</u>									
78	Admission Charges		21/7/24	1	100.00		0.00	100.00	100.00
79	TPA Evaluation charges		21/7/24	1	500.00		0.00	500.00	500.00
Sub Total :							0.00	600.00	600.00
<u>Dietician Charges</u>									
80	Dietician Charges		21/7/24	1	400.00		0.00	400.00	400.00
Sub Total :							0.00	400.00	400.00
<u>Registration Charges</u>									
81	Registration Charge		21/7/24	1	250.00		0.00	250.00	250.00
Sub Total :							0.00	250.00	250.00
<u>RMO Charges</u>									
82	RMO Charges*		21/7/24 21/7/24	1	500.00		0.00	500.00	500.00
83	RMO Charges*		22/7/24 22/7/24	1	500.00		0.00	500.00	500.00
84	RMO Charges*		23/7/24 23/7/24	1	500.00		0.00	500.00	500.00
85	RMO Charges*		24/7/24 24/7/24	1	500.00		0.00	500.00	500.00

Interim Inpatient Bill

IPNo. : 111001 Patient Name : Mr. PARV GUPTA Bed No. : 234-B Doctor Name : Dr. Anurag Saxena Patient Type : Credit Payer : MEDIASSIST - (GIPSA) Patient Address : C 156 GF New Delhi 110024 DELHI	UHID : PSSH.437081 Admission DateTime : 21/07/2024 15:23:11 Age/Sex : 26 Year(s) / Male Discharge : 24/07/2024 13:18:24 Acknowledged Doctor Speciality : Internal Medicine Insurance Company : THE NEW INDIA INSURANCE COMPANY LTD MobileNo : 9953612535
--	---

Sl.No.	Item Name	Item Code	DateTime	Qty	Unit Price	GST %	Patient Amt	Company Amt	Amount(Rs.)
Sub Total :							0.00	2,000.00	2,000.00
Grand Total :							895.50	47,548.30	48,443.80

Gross Bill Amount : Rs. 48,443.80

Round off value : Rs. 0.20

Bill(Round off) : Rs. 48,444.00

Net Bill Amount : Rs. 48,444.00

Company Credit Limit : Rs. 48,444.00

Net Amount to be Paid By Company : Rs. 48,444.00

Vandana Rawat TPA

Signature

Signature of Patient/Next of Kin