

STAR HOSPITAL

(A UNIT OF OM MEDICENTRE PVT.LTD.)

OPP.BUS STAND,VASUNDHRA NAGAR,BHIWADI,DIST.ALWAR,(RAJASTHAN)

Ph.: 01493-395000, CIN No.U85100HR2015PTC068610

INDOOR BILL PAYMENT RECEIPT

Page 1 of 1

Receipt No.:	292	Receipt Date:	30/08/2025	10:13AM
IPD No.:	1681	IPD Date/Time:	29/08/2025	09:47PM
Patient Name:	[REDACTED]	Sex / Age:	[REDACTED]	
S/o		UHID:	5639/82025	
Address:	BML COLLAGE	CATEGORY/TYPE:	CASH	
Ph.No.:	[REDACTED]	PAYMENT MODE:	Card	
Consultant:	Dr.MAHIPAL SHEKHAWAT	PAYMENT REF.:	371515	
Bill	No.	Date	Time	Bill.Amt.
INDOOR FINAL BILL	728	30/08/2025	10:10AM	4100.00
				(Bal.Amt.: 0.00)
Amount in Words:			Total Received Amt.:	4100.00
Rupees four thousand one hundred Only				

KHUSHI

Authorised Signatory



"Service with Love is Service
Serving the community since 1889"

ST. JOSEPH'S HOSPITAL TRUST

MANJUMMEL, KOCHI- 683 501, KERALA, INDIA

Ph: 0484 2555344, +919809852564

Email: sjhmanjummel@gmail.com, Website: www.st.josephhospital.in



OP SERVICES

MRN : 293793
Patient Name : [REDACTED]
Gender / Age : [REDACTED]
Unit : EVENING SESSION

Invoice No. : FT22C13572
Invoice Date : April 22, 2021 16:08
Doctor : Dr. SUNIL PAUL
Queue No. : 1

SI No	Description	Unit Rate	Qty	GST & CESS	Discount	Total Amount
1	BOOKING CHARGE	25.00	1	0.00	0.00	25.00
				0.00	0.00	25.00

Payment Mode: Cash

Gross bill amount 25.00

Net Amount : 25.00

Generated On: 22-Apr-2021 4:08 PM

Generated By: MARY JINCY



"Service with Love is Service
Serving the community since 1889"



SHANTI HOSPITAL

SIRSA KASNA ROAD, GREATER NOIDA (U.P)-201311

Phone: [REDACTED]

E-Mail: [REDACTED]

Patient Name: [REDACTED]

Patient Address: [REDACTED]

Dr Name : DR. B. SINGH

Dr Reg No. 39424

GSTIN : 09AEAFS6844Q1Z7

GST INVOICE

Invoice No. : 0000396 Date: 04-04-2020

SN.	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGST	CGST	AMOUNT
1.	AMICIN 500 MG INJ	1	3004	SWL80863	7/21	2	92.40	92.40	6.00	6.00	184.80
2.	D 5% 500ML	500ML	3004	9A90131	3/22	2	33.43	33.43	6.00	6.00	66.86
3.	DNS 500ML	500ML	3004			2	33.63	33.63	6.00	6.00	67.26
4.	DROTIN INJ	1*2 ML		MNB06403	1/22	3	5.00	5.00	6.00	6.00	15.00
5.	EMESET	2ML		L690106	5/22	4	14.28	14.28	6.00	6.00	57.12
6.	MONOCEF	1GM	3004	195228SG	4/21	4	59.06	59.06	6.00	6.00	236.24
7.	ORNIDAZOLE 100ML	1	3004	DH90225	8/21	2	59.50	59.50	6.00	6.00	119.00
8.	RABICIP I.V	1	3004	NP9157A	12/22	2	104.15	104.15	6.00	6.00	208.30
9.	RL 500ML	500ML	3004	1G03337	6/23	2	49.72	49.72	6.00	6.00	99.44
10.	S 10ML	10ML	3004	025102NH1	3/25	3	10.00	10.00	6.00	6.00	30.00
11.	S5ML	1	3004	028056NH1	7/25	4	3.45	3.45	6.00	6.00	13.80
12.	TOPMOL 100ML.I.V	100ML		18AA65	2/22	3	399.00	399.00	6.00	6.00	1197.00

GST 2048.92*6+6% = 122.95 SGST + 122.95 CGST, ** GET WELL SOON **

Terms & Conditions

Goods once sold will not be taken back or exchanged.

Bills not paid due date will attract 24% interest.

All disputes subject to Jurisdiction only.

Prescribed Sales Tax declaration will be given.

Remark :

Rs. Two Thousand Two Hundred Ninety Four & Paise Eighty Two Only

Shanti Hospital
Sirsa Kasna Road
(Opp. Dhanbadh 201311)

For SHANTI HOSPITAL

Authorised Signatory

SUB TOTAL	2048.95
SGST 6 %	122.95
CGST 6 %	122.95

GRAND TOTAL	2294.82
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RGCIRC
Ethics, Empathy & Excellence

[← Back](#)

Final Bill Summary(Original)

PAN No.	[REDACTED]	Service Tax No. : AAATI0440CST001	GSTIN : 07AAATI0440C1ZD
Date & Time	: 08-05-2025 16:57	Bill No	: IP/25-26/7321
LOCATION	: Place of supply- Delhi RGC		
State Code	: 07		
Name	[REDACTED]	CR No., IP No. : 301508, 25IP7040	
Father/Spouse Name	[REDACTED]	Admission Date : 08-05-2025 12:18	
Temporary Address	[REDACTED]	Discharge Date : 08-05-2025 16:57	
Permanent Address	[REDACTED]	Ward : DAY CARE WARD	
Age & Sex	[REDACTED]	Pan No. : AMPPG6041E	
Admitting Doctor	: Dr. Sudhir Rawal/Amitabh/Ashish/Sarbartha .	Bed No. : 3259-DCR	
Corporate Source	: RGC PRIVATE OPD	Treating Doctor : DR. SUDHIR RAWAL/AMITABH/ASHISH/ SARBARTHA .	
Bill To	: RGC_GENERAL	Next of Kin : Gupta Nitin	
PAN No.		Ship To : Company : GSTIN :	

Sl. No.	DESCRIPTION	AMOUNT
1	C.S.S.D.	600.00
2	CHEMOTHERAPY	5300.00
3	O.T. CONSUMABLE CHARGES	190.00
4	CHEMOTHERAPY WARD BED/ROOM CHARGES	2200.00
5	Pharmacy	13805.77
	Sub Total	22095.77

Advance Receipts

RR/25-26/57949	Advance 08-05-2025	17000.00
RR/25-26/58749	Advance 08-05-2025	2684.00
	Total Advance Amount	19684.00
CGST/SGST/IGST (Room Rent @ 5%)	:	0.00
Total Bill Amount	:	22095.77
Less Discount (Rs)	:	241.57
Net Amount	:	19644.20
Less Advance Paid	:	19644.00

In Words: Zero Rupees

For HSN/SAC code please refer to Detail bill of supply

Patient/Attendant Signature & Name

Relation with Patient:.....

Phone No:.....

Printed By : NEHA_6371

Created By : NEHA_6371

Subject to Delhi Jurisdiction only

FOR RAJIV GANDHI CANCER INSTITUTE

Printed Date & Time: 08-05-2025 16:57:21



Submit your health claim with ITCI
[Handwritten signature over the printed text]
08/05/25

3 SYRINGE WITH NEEDLE 10 ML X 21G X 1.5" (NIPRO) 3	18D07K05 31/03/202 9018	NIPR NOS O	5.00	111.61	111.61	6.70	6.70	125.00
4 IV KIT PERIPHERAL- 3M INDIA 9	R0318130 30/11/201 3005	3MIN NOS DIA	1.00	145.76	145.76	13.12	13.12	172.00
						69.00%	69.00%	

PHARMACY

18/09/2018

1 GLANPAN 40MG INJECTION (PANTOPRAZOLE) GLAND	DI18G018 6 - 30/11/201 9	SPANDANA PEDDAREDDY	GLAN INJ D	1.00	40.18	40.18	2.41	2.41	45.00
2 GLANPAN 40MG INJECTION (PANTOPRAZOLE) GLAND	DI18G018 6 - 30/11/201 9	SPANDANA PEDDAREDDY	GLAN INJ D	5.00	200.89	200.89	12.06	12.06	225.00
3 ZOLFRESH 5MG TABLET (ZOLPIDEM) Abbott	add0111 - 30/04/202 1	SPANDANA PEDDAREDDY 3004	Abbot STRIP	1.00	5.04	5.04	0.30	0.30	5.65
4 CTRI 1GM INJECTION (CEFTRIAXONE) ZVENTUS	Z01AH180 06 - 30/09/202 0	SPANDANA PEDDAREDDY	ZUVE VIAL NTUS	6.00	303.59	303.59	18.22	18.22	340.02
5 TAZACT 4.5GM INJECTION (PIPERACILLIN+TAZOBACTAM) CIPLA	C880196 - 30/04/202 0	RIBAH RASHID	Cipla VIAL	2.00	824.50	824.50	49.48	49.48	923.44
6 TAZACT 4.5GM INJECTION (PIPERACILLIN+TAZOBACTAM) CIPLA	C880196 - 30/04/202 0	RIBAH RASHID	Cipla VIAL	4.00	1649.00	1649.00	98.94	98.94	1,846.88
7 AZEE 500MG TABLET (AZITHROMYCIN) CIPLA	SN80005 - 30/11/202 0	SPANDANA PEDDAREDDY 3004	Cipla TABLET	3.00	57.99	57.99	3.48	3.48	64.95
8 NS 0.9% 100ML PLASTIC (SODIUM CHLORIDE) EUROFLEX	2F81154 - 30/05/202 1	SPANDANA PEDDAREDDY 3004	Other BOTTLES	1.00	31.71	31.71	1.91	1.91	35.52
9 NS 0.9% 100ML PLASTIC (SODIUM CHLORIDE) EUROFLEX DENIS	2F81154 - 30/05/202 1	SPANDANA PEDDAREDDY 3004	Other BOTTLES	5.00	158.57	158.57	9.52	9.52	177.60
10 NS 0.9% INJECTION 500ML PLASTIC (SODIUM CHLORIDE) DENIS	180100208 3 - 30/03/202 0	SPANDANA PEDDAREDDY 3004	DENI INJS	1.00	66.29	66.29	3.98	3.98	74.25
11 NS 0.9% INJECTION 500ML PLASTIC (SODIUM CHLORIDE) DENIS	180100208 3 - 30/03/202 0	SPANDANA PEDDAREDDY 3004	DENI INJS	5.00	331.47	331.47	19.89	19.89	371.25
12 MUCOMIX 600MG TABLET (ACETYL CYSTEINE) SAMARTH	TACNA280 5 - 30/04/202 0	SPANDANA PEDDAREDDY 3004	Same TABLETH	9.00	141.43	141.43	8.49	8.49	158.40
13 MUCOLITE SYRUP 100ML (AMBROXOL) REDDYS	L8149 - 30/04/202 0	SPANDANA PEDDAREDDY 3004	Dr. BOTTLE Reddy	1.00	69.64	69.64	4.18	4.18	78.00
14 DUOLIN RESPULES 2.5ML (IPRATROPIUM BROMIDE+SALBUTAMOL) CIPLA	SN80366 - 30/04/202 0	SPANDANA PEDDAREDDY 3004	Cipla RESPULSE	9.00	93.54	93.54	5.61	5.61	104.76
15 MONTAIR-FX 10MG TABLET (MONTELUKAST+FEXOFENADINE) CIPLA	G18MNA00 5 - 26/02/202 0	SPANDANA PEDDAREDDY 3004	CIPLA NOS A	3.00	40.71	40.71	2.45	2.45	45.60
19/09/2018									
1 GLANPAN 40MG INJECTION (PANTOPRAZOLE) GLAND	DI18G018 6 - 30/11/201 9	AIEYA B N	GLAN INJ D	2.00	80.36	80.36	4.82	4.82	90.00
2 LINTAZ 4.5GM INJECTION (PIPERACILLIN+TAZOBACTAM) VERITAZ	LN5BG05 - 30/06/202 0	AIEYA B N	Other VIAL S	1.00	412.30	412.30	24.74	24.74	461.78
3 LINTAZ 4.5GM INJECTION (PIPERACILLIN+TAZOBACTAM) VERITAZ	LN5BG05 - 30/06/202 0	AIEYA B N	Other VIAL S	2.00	824.61	824.61	49.48	49.48	923.56



Chintamani Hospital

Diagnostic Centre

- Pathology
- Ultra-Sonography
- ECG
- Digital X-ray

PATIENT NAME

DATE 12-May-2021

REF. BY DR.

Kiran C. Mhatre

SEX / AGE

COLLECTION CENTRE Chintamani Hospital

LAB NO. 759

COMPLETE BLOOD COUNT

TEST	RESULT	UNIT	REFERENCE RANGE
Haemoglobin	11.4	gm %	11.5 - 16.5
Erythrocytes (Total RBCs)	3.81	Mill / cumm	3.8 - 5.8
PCV	34.8	%	37.0 - 47.0
MCV	91.34	fL	76.0 - 96.0
MCH	29.92	pg	27.0 - 32.0
MCHC	32.8	g / dL	30.0 - 35.0
RDW	12.1	%	11.5 - 14.5 %

TOTAL WBC COUNT

TOTAL WBC COUNT	7300	/ cumm	4,000 - 11,000
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DIFFERENTIAL COUNT

Neutrophils	62	%	40 - 80 %
Lymphocytes	32	%	20 - 40 %
Eosinophils	04	%	2 - 6 %
Monocytes	02	%	2 - 10
Basophils	00	%	< 1.0 - 2.0
RBC Morphology	Normocytic, Normochromic		
Abnormalities of WBC	Normal		
Platelets on Smear	Adequate On Smear		
Malarial Parasites	Not Detected		
Platelet Count	2.04	1.5 - 4.5 lacks/ cumm	

The procedure is runned on fully automated cell counter of 'SYSMEX KX 21'

DR. GANESH KSHIRSGAR
D.P.B., MD (PATH)



In Associate with: Prime Diagnostic Centre • 9773497088

C-102, Angolimala CHS, Station Road, Nehru Nagar, Kurla (E), Mumbai - 24 Ph.: 8451905122

1 NEURO EXERCISES IN PATIENT		1.00	480.00	480.00		480.00
10/10/2018						
1 NEURO EXERCISES IN PATIENT		1.00	480.00	480.00		480.00
2 NEURO EXERCISES IN PATIENT		1.00	480.00	480.00		480.00
		Sub Total :	1440.00	1440.00	0.00	0.00
			Amount Before Tax		Tax Amt	Amount Payable
		Grand Total	77750.23		1016.16	78,766.01
			Rounded Off Value			78766.00

Tax Breakup **

CGST* :	508.08		
SGST* :	508.08		
IGST* :	0.00		
Total :	1016.16	Doc. Amount	Allocated Amount

LESS Total Credit Note :	0.00
	78766.00
ADD Total Debit note :	0.00
	78766.00
LESS Payment :	0.00
Balance Payable / (Refundable) :	78766.00

* CGST, SGST, IGST values includes Cess values where applicable

END OF STATEMENT

All cheque payments should be made to COLUMBIA ASIA HOSPITALS PVT. LTD

This is a computer generated bill and hence no signature required



ZYDUS HOSPITALS & HEALTHCARE RESEARCH PVT. LTD.

Nr. Sola Bridge, S.G Highway, Thaltej, Ahmedabad-380054

Phone: +91 79 66190201 (Board), Website: www.zydushospitals.com

DL NO. 20:GJ-AD2-172953, 21 GJ-AD2-172954, 20B-GJ-AD2-172955, 21B GJ-AD2-172956

DL NO. 20F GJ-AD2-172957 FSSAI: 10720026001250

Reg. Office: Plot No. 232, Zydus Hospital Road, Thaltej, Ahmedabad-380054

CIN: U24233GJ2008PTC054191 | GSTIN: 24AAA073443K1Z9



FINAL BILL

(Bill of Supply) HSN: 999311

Patient Category	:	Cash	Bill No.	:	INV-1000-25006551
MRN	:	10002021273239	Bill Date	:	April 25, 2025 12:40



Patient Name	:	[REDACTED]	Visit No.	:	IP-001
Gender / Age	:	[REDACTED]	Charge Class	:	ICU
Contact No	:	[REDACTED]	Currently Admitted Under	:	Dr. BHAVIN PATEL
Address	:	704, GREEN BLOSSOM APPARTMENT, OPP. RAMADA HOTEL, PRAHLADNAGAR, AHMEDABAD, GUJARAT, INDIA	Admission date	:	21/04/2025 17:51
			Discharge Date	:	25/04/2025 11:34
			Ward/Bed	:	SUITES - 14F - AB/1402

Description	Date	Unit Rate	Qty	SGST	CGST	Amount(Rs)
LABORATORY SERVICES						
Pr. Op Profile Major (999317)	21-04-2025	6,000.00	1	0	0	6,000.00
LABORATORY SERVICES Total						
						6,000.00
MEDICINE & CONSUMABLES						
BED BATH WIPES - ECO ... L042502/ 31-03-2027 (30049099)	21-04-2025	190.00	1	0	0	190.00
DIGITAL THERMOMETER - ACCUSURE ... MT-1027B/ 28-02-2030	21-04-2025	206.00	1	0	0	206.00
EMESET 2ML INJECTION 4A00546/ 30-09-2027 (30049035)	21-04-2025	13.35	1	0	0	13.35
EMESET 2ML INJECTION .INJECTION,2ML 4A00546/ 30-09-2027 (30049035)	21-04-2025	13.35	4	0	0	53.40
GAUZE SWAB 10CM X 10CM X 8PLY - 10PACK - MEDICARE ... M2501018/ 31-12-2028 (30059090)	21-04-2025	66.00	1	0	0	66.00
GERPYRIN 100ML INJECTION ZD545502/ 31-12-2026 (30049061)	21-04-2025	401.25	1	0	0	401.25
GERZONE 1.5GM INJECTON F500042/ 31-12-2026 (30049099)	21-04-2025	256.17	1	0	0	256.17
GERZONE 1.5GM INJECTON ,INJECTION,1.5GM F500042/ 31-12-2026 (30049099)	21-04-2025	256.17	2	0	0	512.34
IV CANNULA 20G ... 4345926/ 30-11-2029 (90183930)	21-04-2025	311.50	1	0	0	311.50
IV SET AUTOFUSION SET - PCUTMED 6422524-N/ 01-11-2029 (90183990)	21-04-2025	393.00	2	0	0	786.00
IV SET VENTED - ROMSONS ... K25A020842/ 31-12-2029 (90183990)	21-04-2025	225.00	1	0	0	225.00
KABIMOL 100ML FREEFLEX ,INJECTION,100ML 82TM782103/ 30-11-2026 (30049061)	21-04-2025	725.00	4	0	0	2,900.00
MICRO POLYSYTE - DUO - POLYMED ... 1071024-G/ 01-06-2029 (90183220)	21-04-2025	609.00	1	0	0	609.00
NEEDLE 16GX1.5' 240722/ 30-06-2029 (90183290)	21-04-2025	7.00	5	0	0	35.00
NEEDLE 18GX 1' ... 10512R/ 30-01-2030 (90183100)	21-04-2025	3.30	2	0	0	6.60
NITRILE (POWDER FREE) GLOVES MEDIUM 12-250330/ 02-03-2030 (40151900)	21-04-2025	15.00	50	0	0	750.00
NS 100ML ACULIFE IC2511/ 29-02-2028 (30045020)	21-04-2025	22.03	2	0	0	44.06
NS 100ML ACULIFE ,INFUSION, 100ML IC2511/ 29-02-2028 (30045020)	21-04-2025	22.03	3	0	0	66.09
NS 500ML OTSUKA 2244779/ 30-11-2027 (30045020)	21-04-2025	39.05	2	0	0	78.10

CLAIM PAID BY BAJAJ ALLIANZ
Rs.
10 JUN 2025 ₹ 66989
Health Administration Team



* 4 0 0 0 3 5 2 6 3 * C E T

FINAL TAXABLE INVOICE SUMMARY (Cash)

I.P. No.	:	MGIP25/817	Bill No.	:	MGIC25/3598
UHID No.	:	400035263	Bill Date	:	05/02/2025 04:49 PM
Patient Name	:	[REDACTED]	Consultant	:	Dr. Atul/ Dr Rajesh/ Dr Kapil
Gender/Age	:	[REDACTED]	Adm. Consultant	:	Dr. Atul/ Dr Rajesh/ Dr Kapil
Contact No	:	[REDACTED]	D.O.A	:	03/02/2025 17:20
Address	:	[REDACTED]	D.O.D	:	05/02/2025 16:48
Payer	:	Cash Paying	Bed No	:	S_221
Sponsor	:	Cash Paying	Insurance Name	:	
Payer GSTIN	:		SAC Code	:	999311
Payer Address	:	GURGAON Haryana	Pat/Atten PAN No	:	
			Billing Category	:	SINGLE

S#	Particulars	Gross Amt	Net Amt
1	BED CHARGES	22000.00	22000.00
2	Accident and Emergency (AE)	700.00	700.00
3	Administration Charges	3450.00	3450.00
4	Medicine/Consumables	9413.93	9413.93
5	Critical Care	185.00	185.00
6	Gastroenterology	18225.00	18225.00
7	Invasive Medical Procedures	815.00	815.00
8	Laboratory	9315.00	9315.00
9	Non Invasive Cardiology	615.00	615.00
10	Others	500.00	500.00
11	Radiodiagnosis And Imaging	4270.00	4270.00
12	IP Consultation	10500.00	10500.00
		79988.93	79988.93

Bill Settled	Total Amount	79988.93
	CGST@2.5%	550.00
	SGST@2.5%	550.00
	Gross Amount	81088.93
	Net Amount	81089.00
	Patient Amount	79989.00
	Patient Received INR (-)	81089.00
	Payer Received	0.00
	Patient Write Off Amount(-)	0.00
	Patient Balance	0.00

Net Amount In Words:(INR) Eighty One Thousand Eighty Nine only .

Deposit/Refund Details

Receipt/Ref no	Receipt/Ref Date	Received/Ref Amt	Adjusted Amount	Mode
MGA-25/20184(Settled)	05/02/2025 16:48	71089.00	71089.00	Cash,71000.00; UPI,89.00
MGA-25/20037(Settled)	03/02/2025 16:57	10000.00	10000.00	Credit Card,10000.00

Patient's/Attendant's Signature



* The price is inclusive of all applicable discounts.

Cov:- 2025102100120 .A1

total Final bill inclusive
net



Near Varadhi,(Near Vijayawada), Tadepalli,Guntur Dist - 522501 Ph: 08645-669966
www.manipalhospitals.com CIN : U85110KA2014PTC073063

Date: 24/10/2025 : 01:42PM

INPATIENT INTERIM BILL OF SUPPLY DETAIL

Name		Reg No.	: MH017066458
Age / Sex		InPatient No	: I04000143376
Address	:	Admission Date	: 19/10/2025
Ward	: STANDARD WARD - A MHV	Admission Time	: 12:46AM
Bed	: 4311 M/Standard MHV	No. Of Days	: 6
Dept	: NEUROSURGERY MHV	Doctor	: DR RAVIKANTH VUPPU
GSTIN		PAN No	:
Ins. Comp. Name	: IFFCO TOKIO INSURANCE	TPA Name	: IFFCO TOKIO GENERAL INSURANCE COMPANY LIMITED
#	Particulars	Qty	Price
1	Admission Charges SAC:999311 [IPBEDC1] Admission Charges	1	400.00
2	Bed Charges SAC: 999311 [IPBEDC200] BED CHARGES - STANDARD, MHVWSTDA-4311 M [IPBEDC206] BED CHARGES - MICU, MHVICU1-3211	5	1500.00
		1	5000.00
			Sub Total : 12,500.00
3	Service Nursing Charges SAC:999314 [IPBEDC322] NURSING CHARGES - STANDARD [IPBEDC325] NURSING CHARGES - ICU	5	200.00
		1	500.00
			Sub Total : 1,500.00
4	Clinical Management Fee SAC:999311 [CIPANA01] ANAESTHESIA - CONSULTATION IP (DR SAGAR VEMURI) [CIPCRC02] CRITICAL CARE - CONSULTATION IP (DR SRINIVAS RAO T) [CIPD007] DIETARYWARDS- CONSULTATION [CIPNSR01] NEUROSURGERY - CONSULTATION IP (DR RAVIKANTH VUPPU)	1	900.00
		1	900.00
		1	250.00
		6	1400.00
			Sub Total : 10,450.00
5	Medical Support Fee SAC:999311 [IMS004] Post OT Monitoring Charges Minor	1	1280.00
6	Resident Medical Doctor Fee SAC:999311 [PADM360] Resident Medical Doctor Fee	6	200.00
7	Medical Equipment SAC:999311 [AMED010] OXYGEN CHARGES [AMED088] CAUTERY MACHINE - CHARGES [AMED117] Intubation Scope [AMED167] Basic Monitor (Ecg+Nibp+Spo2)/12 Hours [AMED168] Basic Monitor (Ecg+Nibp+Spo2)/24 Hours	2	2400.00*
		1	300.00
		1	20.00
		0.20	700.00*
		1	700.00

Page 1 of 7

Registered Office : Manipal Hospitals (Dwarka) Private Limited

The Annexe, #98/2, Rustam Bagh, HAL Airport Road, Bengaluru 560 017 | P +91 80 4936 0300 | www.manipalhospitals.com

CIN : U85110KA2014PTC073063

