



Near Varadhi,(Near Vijayawada), Tadepall, Guntur Dist - 522501 Ph: 08645-469966
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	: 104000143376	
# Particulars	Qty	Price	NetAmt
NO CODING ONE PLUS 1X100 SRTIPS # 281105 iSENS	4	33.50	133.99
NORMAL SALINE 0.9% W/V 100 ML AQUA PULSE, DENIS	1	62.24	62.24
NS 0.9% W/V 1000 ML PVC BOTTLE SOLUTION FOR INFUSION (SODIUM CHLORIDE 0.9 G/100 ML), CLARIS	2	93.95	187.90
NS 0.9% W/V 500 ML AQUA PULSE SOLUTION FOR INFUSION (SODIUM CHLORIDE PB), DENIS CHEM LAB LTD.	2	32.82	65.63
OPTICLUDE ADULT EYE PATCH (REF #1539), 3M	2	53.69	107.78
PANTOCID 40 MG/VIAL LYOPHILIZED POWDER FOR INJECTION	1	120.47	120.47
PHENPRES-LS 50 MCG/ML VIAL FOR INJECTION 10 ML (PHENYLEPHRINE HCL), NEON LABORATORIES LTD	1	100.31	100.31
POVINANZ 10 % W/V SOLUTION 100 ML (POVIDONE IODINE), NANZ PHARMA)	1	208.13	208.13
POVINANZ 7.5 % W/V SOLUTION 100ML (POVIDONE IODINE), NANZ PHARMA	1	15.37	15.37
PYROLATE 0.2 MG/1 ML AMPOULE SOLUTION FOR INJECTION 1'S (GLYCOPYRROLATE), NEON LABORATORIES LTD.	10	24.94	249.38
REJUNEX CD3 TABLET 10 S (CALCIUM CARBONATE 500MG + ALPHA LIPOIC ACID 200MG + BENFOTIAMINE 150MG + INOSITOL 100MG + CHROMIUM PICOLIN A TE 200MCG + PYRIDOXIN HYDROCHLORIDE 3 MG+ FOLIC ACID 1.5 MG+ METHYLCOBALAMIN 1500 MCG	1	932.00	932.00
RESPIRATORY EXERCISER RESPIROMETER, ROMSONS	1	856.80	856.80
REVERSEE 100 MG/ML INJECTION 2 ML, NEON			
RL 500 ML FLEXIDRIP PVC BOTTLE (COMPOUND SODIUM LACTATE), OTSUKA PHARMACEUTICALS INDIA PVT LTD	4	69.37	277.49
RL 500 ML FREEPLEX SOLUTION FOR INFUSION, FRESENIUS)	2	1010.00	2,019.99
ROCURUNIUM 50 MG/5 ML VIAL SOLUTION FOR INJECTION, 10 MG/ML (ROCURONIUM BROMIDE), NEON LABORATORIES LTD.	0.10	8323.90	832.39
SEVITRUE INHALATION 250 ML (SEVOFLURANE), ABBOTT	14	11.25	157.44
SOMPRAZ 40 MG TABLET(15S),(ESOMEPRAZOLE 40 MG TABLET) SUN PHARMA)	25	76.13	1,903.13
STROCIT 500 MG TABLET	1	98.00	98.00
SUCTION CATHETER NO.14 FG, ROMSON			
SYRINGE 10 ML WITH NEEDLE 21 G DISPOVAN, HMD	9	6.06	54.72
SYRINGE 2 ML WITH NEEDLE DISPOVAN, HMD	1	30.94	30.94
SYRINGE 20 ML WITH NEEDLE 21 G DISPOVAN, HMD	11	10.31	113.41
SYRINGE 5 ML WITH NEEDLE 23 G DISPOVAN, HMD	1	62.91	62.91
SYRINGE 50 ML W/O NEEDLE DISPOVAN, HMD	4	31.63	126.50
TOLIFAST-D tablet			

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**YASHODA
HOSPITALS**



YASHODA HOSPITAL

(A UNIT OF YASHODA HEALTHCARE SERVICES PRIVATE LIMITED)
 D.No.1-1-156,157 & 157/2, Plot No. 64, Behind Hari Hanu Kala Bhavan, S.P. Road,
 Secunderabad - 500 001, Ph: 2771 3333, Fax: 2770 3999

GST NO : 36AABCD6598G1ZC

CIN NO : U45200TG1993PTC016175

PAN NO : AABCD6598G

BILL OF SUPPLY CUM TAX INVOICE NO : IPI5024867

VH No : 500044850 Patient Name : MR CHANDRA SEN RAO PEECHARA.. Admission No : 110207

DOA	:	26-Apr-2024	DOB	:	30-Apr-2024	
Patient Name	:			Age/Sex	:	56 Years / M
Address	:			Token No	:	
		SHNO.1-4-180/1/C-1, BHEL QTRS, Alwal, Malkajgiri, Medchal, TELANGANA-500010		Admitted Ward	:	A/C S/D PVT
Patient Contact	:			Patient Type	:	Self Paying
Patient E-mail	:					HOSPITAL

Primary Consultant : HEMANTH VUDAYARAJU
 M.S(FLAMES), M.Ch(Sur Onco), DNB(Sur Onco)
 Robotic Surgery Fellowship
 (Roswell Park Institute USA)
 Director Surgical Oncology and Minimally
 Invasive Onco Surgery
 Reg No:TSMC/43679

Referral Consultant :

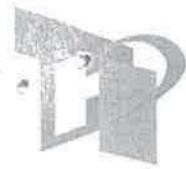
BILL SETTLED
 On.....
 Time.....

Disclaimer: *All the above dates indicated as Date & Time of the entry only

Page 1 of 7

Note:

1. Refunds if any, above Rs. 1000/- will be done by A/c payee cheque only (for in-patients)
2. Please retain this bill, no duplicate copy will be issued.



TULIP MULTISPECIALITY HOSPITAL PVT. LTD.

TP SCHEME 15, NEAR VIVEKANAND CHOWK

DELHI ROAD SONIPAT-131001 (HR)



GSTIN :- 06AAECT5671P2Z0

Final Bill Detail

Uhid No.	: 4/25-26	IPD No	: 26/25
Name	[REDACTED]	Bill No.	: IBM/223/25
Age / Gender	: [REDACTED] / MALE	Bill Date	: 06/04/2025
Mobile	[REDACTED]	Admission Date	: 01/04/2025 13:26
Ward/Room/Bed No	: PRIVATE ROOM/ A326 / 1	Discharge Date	: 06/04/2025 11:44
Department	: MEDICINE		
Address	: MARUTI SUZUKI, KHARKHODA, SONIPAT		
Doctor	: DR. ANURAG & DR. DHRUB & DR. RAJA & DR. POOJANGI		
Sponsor	: MARUTI SUZUKI INDIA LTD. (CORPORATE SECTOR)		
TPA/ Insurance	: MARUTI SUZUKI INDIA LTD.		

Sno.	Date	Description	Qty	Rate	Dis.	Amount(Rs)
Accommodation Charges						
1	01-04-2025	SEMI PRIVATE ROOM CHARGES (SR-001)	5.0	2000.00	0.00	10000.00
						Sub Total
						10000.00
Consultant Visit Charges						
2	01-04-2025	DOCTOR VISIT IN ROOM (DC-002) [DR. ANURAG & DR. DHRUB & DR. RAJA & DR. POOJANGI]	11.0	400.00	0.00	4400.00
3	03-04-2025	DR. NIDHI SONI ()	1.0	400.00	0.00	400.00
4	05-04-2025	DR. ASHISH SEHGAL ()	1.0	400.00	0.00	400.00
						Sub Total
						5200.00
Gastroenterology						
5	03-04-2025	GI (UPPER) ENDOSCOPY (Gastro-49) [DR. NIDHI SONI]	1.0	5500.00	0.00	5500.00
6	03-04-2025	COLONOSCOPY (FULL LENGTH) (Gastro-07) [DR. NIDHI SONI]	1.0	5500.00	0.00	5500.00
						Sub Total
						11000.00
Investigations						
7	01-04-2025	CBC{COMPLETE HAEMOGRAM} (LAB-0083)	1.0	385.00	0.00	385.00
8	01-04-2025	KFT(KIDNEY FUNCTION TEST) (LAB-0141)	1.0	660.00	0.00	660.00
9	01-04-2025	LFT (LIVER FUNCTION TEST) (LAB-0144)	1.0	660.00	0.00	660.00
10	01-04-2025	RBS (RANDOM BLOOD SUGAR) (LAB-0059)	1.0	77.00	0.00	77.00
11	01-04-2025	URINE EXAMINATION (1383)	1.0	100.00	0.00	100.00
12	03-04-2025	HIV 1&2 (LAB-0132)	1.0	440.00	0.00	440.00
13	03-04-2025	HCV(1&2) (LAB-0026)	1.0	1210.00	0.00	1210.00
14	03-04-2025	HBSAG (LAB-0129)	1.0	385.00	0.00	385.00
						Sub Total
						3917.00
Radiology						
15	01-04-2025	LUMBER SPINE X-RAY (AP+ LATERAL VIEW) (RAD-104)	1.0	550.00	0.00	550.00
16	01-04-2025	PELVIS X-RAY WITH HIP JOINT (AP VIEW) (RAD-121)	1.0	308.00	0.00	308.00
17	01-04-2025	CHEST X- RAY (PA VIEW) (RAD-034)	1.0	330.00	0.00	330.00
18	02-04-2025	WHOLE ABDOMEN ULTRASOUND (RAD-06)	1.0	1200.00	0.00	1200.00
19	04-04-2025	ECHOCARDIOGRAPHY SCREENING (RAD-354)	1.0	1500.00	0.00	1500.00
20	05-04-2025	PELVIS X-RAY WITH HIP JOINT (AP VIEW) (RAD-121)	1.0	308.00	0.00	308.00
						Sub Total
						4196.00
Pharmacy						
21	01-04-2025	MEDICINE CHARGES (MEDI1)	1.0	16836.00	0.00	16836.00

Mitesh - Ru
24/03/25



LOURDES HOSPITAL

Ernakulam, Kochi -682012
Phone : 0484 4123456
email : lourdeshospital@vsnl.com, www.lourdeshospital.in

16071996



Discharge Bill

Name [REDACTED]
Age [REDACTED]
Address : MALIYECKAL HOUSE
THAYKKODAM
ERNAKULAM
Doctor : SANTHOSH JOHN ABRAHAM
Type : Credit

Gender [REDACTED]

SI No / Date	: 16097 / 08/01/2018
Hospital No	: 1113154
Ward No	: 35 WARD
Bed/Room No	: 3504
Admission Date	: 06/01/2018
Discharge Date	: 08/01/2018
Customer	: MEDI ASSIST

1	Treatment Charges	326.00
2	Bed / Room	700.00
3	Admission Charge	70.00
4	Nursing Care Charges	900.00
5	Operation Charges	14000.00
6	O.T. Charges	7000.00
7	Anaesthesia Charges	7000.00
8	Anaesthesia Agent/ Medical Gas	180.00
9	Post Operative Care Charges	240.00
10	Consumable Supplies	295.00
11	Laboratory Charges	1462.00
12	Medicine & Consumables Charges	6532.91
13	Casualty Charges	655.00
14	Medical Care / Consultant Fees	900.00
15	Medical Imaging	145.00



Sug.

Total	: 40405.91
Charity Concession	: 631.65
Less Medicine Return	: 10.18

Net Amount : 39764.00



STAR X-RAY & PATH LABORATORY

Add. Near Bijli Board, Tapukara (Distt. Alwar) Rajasthan
Mobile : 01493-400648, 9828409305

Name : [REDACTED]

Age. 41 Years

Sex: M

Refd. by: ANJUMAN HOSPITAL

Date: 12/04/21

S.No: 30

KIDNEY FUNCTION TEST

BLOOD UREA	39	10 - 50 MG/DL
SERUM CREATININE	0.8	0.2 - 1.2 MG/DL
SERUM URIC ACID	4.1	2.0 - 8.0 MG/DL
SERUM CALCIUM	9.0	8.5 - 11.00 MG/DL
SERUM SODIUM(Na)	140	135 - 155 nmol/L
SERUM Potassium(K)	4.2	3.5 - 5.5 mg/dl
SERUM CHLORTDE	101	96 - 108 MEQ/L



Signature

Lab Technician

Facilities Available :

X-Ray & E.C.G. & All Investigations Blood

NOT VALID FOR MEDICO-LEGAL PURPOSE



Description BatchNo/ExpiryDate	Unit Rate	Qty	Total(Rs.)	Amount(Rs.)	Total Amount(Rs.)
DRUGGROUP					
DISCARDIT SYRINGE 20ML ,SOLID, 20ML 1804502/ 01-03-2023	31.50	1	31.50	31.50	31.50
RYLES TUBE (ROMOLENE) NO 14 ,SOLID,NO 14 G18052530/ 01-04-2023	52.00	2	104.00	104.00	104.00
REMAC CD3 TAB 10S ,SOLID,.. SC18073/ 01-08-2019	20.50	40	820.00	820.00	820.00
PYRIGESIC TAB 10S ,SOLID,.. DF8029/ 01-01-2021	0.92	10	9.18	9.18	9.18
POTASSIUM CHLORIDE INJ 10ML ,Liquid,10ML 5101/ 01-01-2021	24.60	7	172.20	172.20	172.20
CORDARONE 100MG TAB 10S ,SOLID, 100MG 8NA0005/ 01-02-2021	5.80	10	58.00	58.00	58.00
CORDARONE 100MG TAB 10S 8NA0006/ 01-02-2021	5.80	10	58.00	58.00	58.00
CLINDATEC 600MG INJ ,Liquid,600MG CLIF7B4/ 01-05-2019	191.00	3	573.00	573.00	573.00
PM LINE 200CM ROMSON ,SOLID, 200CM G18072579/ 01-06-2023	244.00	2	488.00	488.00	488.00
PM LINE 150CM VYGON ,SOLID, 150CM 060717EK/ 01-07-2022	211.00	1	211.00	211.00	211.00
CALPOL 650MG TAB 15S ,SOLID, 650MG EQ583/ 01-06-2021	1.93	15	29.02	29.02	29.02
BREATHING CIRCUIT (ADULT),SOLID,ADULT 170703/ 01-07-2020	480.08	1	480.08	480.08	480.08
ARRO PAN 40 TAB 10S ,SOLID,40MG 1215801T/ 01-04-2020	7.20	21	151.20	151.20	151.20
NON STERILE GLOVES NO 6.5 - SURGICARE ,SOLID,NO 6.5 18F1003/ 01-05-2023	26.00	6	156.00	156.00	156.00
NEEDLE 18G ,SOLID,.. 20811D/ 01-04-2023	2.50	39	97.50	97.50	97.50
NANZILON HANDDRUB 100ML ,Liquid, 100ML NRL-466/ 01-06-2021	205.00	1	205.00	205.00	205.00
N S 100ML AMANTA ,Liquid,100ML 40680488/ 01-07-2021	35.52	42	1,491.84	1,491.84	1,491.84
ANAWIN 0.25% INJ UN163093/ 01-02-2020	49.50	1	49.50	49.50	49.50
ALDACTONE 25MG TAB 15S ,SOLID, 25MG 02A17012R/ 01-02-2020	1.93	30	58.00	58.00	58.00
N S 1000ML 1181181/ 01-01-2021	47.58	3	142.74	142.74	142.74
MUCUS EXTRACTOR ,SOLID,.. 18042238/ 01-03-2023	60.00	1	60.00	60.00	60.00

Prepared By BIPIN MISHRA, EMP5427

Prepared On 28/09/2018 18:01
Generated On 28/09/2018 18:01

FINAL BILL · GST NO. 06AAFC1911G1ZP

Patient Name		Bill No.	: 445	Bill Date	: 09/Jun/2025
Guardian Name		UHID No.	: 136498	Admit Date	: 07/Jun/2025 19:30
Address		IPD No.	: 447	Dis. Dt. & Time	: 09/Jun/2025 13:12
Mobile No.		Room No.	: 112	No. Of Days	: 2
Consultant Name : Dr. Sanjeev Sharma		Room Category	: Deluxe		
		Patient Status	: Improved		
S.No.	Date	Description	Unit	Rate	Amount
1	09/Jun/2025	Accomodation Charges			
		Nursing Care	2.00	600.00	1200.00
2	09/Jun/2025	Registration Charges	1.00	200.00	200.00
3	09/Jun/2025	RMO Charges	2.00	800.00	1600.00
4	09/Jun/2025	Room Charges	2.00	3500.00	7000.00
5	09/Jun/2025	Consultant Visit	5.00	600.00	3000.00
6	09/Jun/2025	Medicine Charges			
		Medicine Bills	1.00	3176.00	3176.00
7	09/Jun/2025	Investigation			
		Investigation Bill	1.00	2350.00	2350.00
Receipt Details : R.No. 158 - Dt. 9/Jun - Amt. 18526.00			Gross Amount	:	18526.00
			Net Amount	:	18526.00
			Payment Rct	:	18526.00
Net Amt. Rs. Eighteen Thousand Five Hundred Twenty Six Only					

E. & O.E.

Doc. Prepared by : admin



[Signature]
(Authorized Signatory)



NABH Certified

SETHI HOSPITAL PVT. LTD.

NABH Certified Hospital

301-302/4, Model Town, Basai Road, Gurgaon-122001

Tel: +91-124-4118001, 4118002

Email: sethihospital@gmail.com

Web: www.sethihospital.org

Software Developed by MyInfosoft Gokul Shah (8460173315)

GOPINATH MEDICAL STORE

104, GOPINATH IND. HUB, DURGANAGAR , VATVA,AHMEDABAD

(P):-9898127299

Cash Memo

GST Tax Invoice

Patient Name :

Area:-undefined

Bill No.: 600

Doctor's Name: SPARSH HOSPITAL

Date: 22-02-2021

No.	HSN	Item Name	Unit	Mfg.	Batch	Exp.Dt	MRP	Qty.	SGST	SGST Amount	CGST	CGST Amount	Amount
11	3004	DISPOVAN NEEDLE 18.G	1	4 CAR	B050419531	03-24	3.00	10	6%	1.60	6%	1.60	30.00
12	3004	NS 100ML	1	AKUMS	AM249510	03-22	17.33	2	6%	1.85	6%	1.85	34.66

Rs. FOUR THOUSAND SIX HUNDRED AND
FORTY THREE ONLY

Total: 4642.85

R. Off: 0.15

Less(0.00 %): 0.00

Net: 4643.00

Chemist Signature 

SUBJECT TO AHMEDABAD JURIDCTION

1. BREKAGE MEDICINE NOT RETUNABLE.

2.GST NO. :-24AHKPJ7670G1Z6

3. 20 AA-2933,21 AA-2939

Software Developed by MyInfosoft Gokul Shah (8460173315)

MATA ROOP RANI MAGGO &

MATA ROOP RANI MAGGO HOSPITAL

C-9, OM VIHAR, PHASE-1, UTTAM NAGAR, METRO PILLAR NO. 709 NEW DELHI-110059

EMAIL: mrrmhospital@yahoo.in (tel 2537-2230 2537-2227)

HELP NUMBER- 011-61290000 , 9555059059



Hope And Excellence
AN ISO 9001:2000 CERTIFIED



OPD BILL CUM RECEIPT

REG NO.	: UHID02828804	DATE	: 24-05-2021 / 12:42PM
NAME	: [REDACTED]	FATHER/HUSBAND	: [REDACTED]
BILL NO.	: 2122016087B	RECEIPT NO.	: 21220019059R
AGE	: 41 Y	GENDER	: [REDACTED]
CONSULTANT DR.	: SHALIT JOLLY	DEPARTMENT	: GENERAL SURGERY
MOBILE NO.		CATEGORY	: GENERAL
ADDRESS	: D-51 /52 VIKAS KUNJ EXTN BLOCK D VIKAS NAGAR, NEW DELHI		

S.No.	Code	Particulars	QTY	Performed	Amount(Rs.)
1		USG GUIDED ASPIRATION	1.00		15000.00
				Total	15000.00
				Net Amount	15000.00
				Received	15000.00

PAYMENT MODE : CREDIT CARD PUSHKAR, VISA, 9050, 1, 2021, 41245626, ,

Fifteen Thousand Rupees only

Authorised Signatory
Dear POONAM

Invoice Remarks :

All service :



VIBRANT
EYE CARE

Dr Harsh Mepani

DOMS, FCPS(ophthal) Mumbai
t : +91(2836) 23 00 11
m : +91 8141 240 666
w : www.vibranteyecare.com

Vibrant Eye Care

Plot 162, Sector 1A, Behind Navneet
gas agency, Near Vikram Glass House,
Tagore road, Gandhidham, Kutch - 370201.
Time : 10 am to 1 pm & 5 pm to 8.00 pm
Sunday Closed

Surgery Bill Cum Receipt

Bill No.	: 25-26/518	BILL Date	30 Dec 2025
IPD NO.	: IPD 175/25	MR NO.	G023532
PATIENT'S NAME	[REDACTED]	Cont. No.	: 9909669103
ADDRESS	: Sector 5 Gandhidham		
SURGEON NAME	: Dr. Harsh Mepani		

OPERATED EYE : Right

CLAREON TORIC IOL

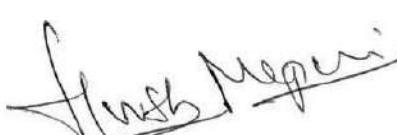
Particular	Rate	Unit	Amount (`)
IOL Charges	17,700.00	1	17,700.00
Surgeon Charges	30,000.00	1	30,000.00
Bed Charges	1,000.00	1	1,000.00
OT Charges	10,000.00	1	10,000.00

Payment Details	Bill Amount	58,700.00
58,700.00(Chq.)	Net	58,700.00
	Paid	58,700.00
	Balance	0.00

Received with thanks (Rupees Fifty Eight Thousand Seven Hundred Only)

E. & O.E

Receipt is Valid Subject to realisation of cheque.


DR. HARSH MEPANI
MB, DOMS, FCPS (Ophth) Mun.
Reg. No. G-40595



For Vibrant Eye Care LLP

★ Authorised Signatory : Mrs. Hiral Mepani