

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.	MH017086458
Age / Sex		InPatient No	104000143376
Address	4-81 PERAVALI MANDALAM WEST GODAVARI 534329	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	NetAmt
1	Admission Charges SAC:999311 [IPBEDC1] Admission Charges	1	400.00	400.00
2	Bed Charges SAC: 999311 [IPBEDC200] BED CHARGES - STANDARD, MHVWSTD-4311 M [IPBEDC206] BED CHARGES - MICU, MHVICU1-3211	5	1500.00	7,500.00
		1	5000.00	5,000.00
			Sub Total :	12,500.00
3	Service Nursing Charges SAC:999314 [IPBEDC322] NURSING CHARGES - STANDARD [IPBEDC325] NURSING CHARGES - ICU	5	200.00	1,000.00
		1	500.00	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	900.00
		1	900.00	900.00
		1	250.00	250.00
		6	1400.00	8,400.00
			Sub Total :	10,450.00
5	Medical Support Fee SAC:999311 [IMS004] Post OT Monitoring Charges Minor	1	1280.00	1,280.00
6	Resident Medical Doctor Fee SAC:999311 [PADM360] Resident Medical Doctor Fee	6	200.00	1,200.00
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*	4,800.00
		1	300.00	300.00
		1	20.00	20.00
		0.20	700.00*	140.00
		1	700.00	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



Receipt

Contact : 826

DR. NAMRATA

EYE HOSPITAL

Jandhya Function Hall, Gandhi Chowk, Jeypore,
Dist. Koraput (Odisha)

o. KOR/00005/2021, GSTIN : 21BJCPM1482J1ZE

149

Date: 06/06/25

MR No. DNEJYP2024/008672
Ward / Room No. 01
Date of Admission 06/06/25
Date of Operation 06/06/25
Date of Discharge 06/06/25

PARTICULARS	Units	Amount (Rs)
Professional charge		15025.00
Nursing charge		3500.00
Implant charge		43968.00
O.T charge		12007.00
Anesthesia charge		350.00
Bed charge		950.00
O.T Medicines		7250.00
Total:		83000.00

Net Amount Received / Receivable 83000/- Yours' Faithfully
 Amount in words Eighty three thousand
 only



Authorised Signatory



* 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.

COLUMBIA ASIA

C.S.T : 02497270

COLUMBIA ASIA REFERRAL HOSPITAL-YESHWANTHPUR

26/1, BRIGADE GATEWAY, BESIDE METRO, MALLESWARAM WEST, BENGALURU 560055

Tel : 080-39898969, 080-61656262

Fax : 080-30925454

KST: : 02447277

TIN NO. : 29310803632

DRUG NO. : KA/BNG/I/20/100659

KA/BNG/I/21/100660

KA/BNG/I/21B/1042

KA-BNGI20B1085,KABNGI20G14

KA-BNGI20211597,KA-BNGI20F14

STC NO: AACCC2943FST001

PAN NO. : [REDACTED]

GSTIN No. : [REDACTED]

Insurance Co : Bajaj Allianz General Insurance Company

Payor Name : BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

DRAFT BILL

Payor GSTIN No. :

Payor Address : GE PLAZA AIRPORT ROAD,,, PUNE, 411006, MAHARASHTRA

Bill Date/Time : 21/9/2018 9:57:24AM

Cashier Name : NETHRAVATHI.HS

Debtor Code : TPABAJAJ

Credit Term : 35 Day(s)

GL No.: -

Co.Guarantor:

Admit Date/Time : 18/9/2018 9:10:00AM

Patient Name: [REDACTED]

Discharge Date/Time :

MRN: YESH-0000084816

A000000002-YESH

Ward/Room/Bed/Type : THIRD FLOOR A
WING/302/2B/3021

Charge Type : InPatient

Admitting/Primary Doctor: TEJAS SURESH RAO

SI	Description	Batch / Exp Date	Ord Doc.	SCH	MFR	UOM	Qty	Amount	Taxable Value	CGST* Amt/Rate	SGST* Amt/Rate	IGST* Amt/Rate	Payable Total Amt
HSN/SAC Code													
HOSPITAL CHARGES													
MEDICAL SUPPLIES													
18/09/2018													
1 NEBULISER WITH MASK-ADULT 2020 (AIRWAYS)	1804002 - 31/03/2022	-	2	AIRW	PIECE	AYS	1.00	325.89	325.89	19.56	19.56		365.00
										@6.00%	@6.00%		
19/09/2018													
1 SYRINGE WITH NEEDLE 10 ML X 21G X 1.5" (NIPRO)	18D07K05 - 31/03/2022	9018	3	NIPR	NOS	O	4.00	89.29	89.29	5.36	5.36		100.00
										@6.00%	@6.00%		
2 SYRINGE WITH NEEDLE 5 ML X 24G X 1" (NIPRO)	18C30K74 - 28/02/2022	9018	3	NIPR	NOS	O	4.00	64.29	64.29	3.86	3.86		72.00
										@6.00%	@6.00%		
3 ALCOHOL SWAB AMARYLLIS	165 - 31/12/2022	2	3005	Amar	NOS	Ylis	4.00	8.93	8.93	0.54	0.54		10.00
										@6.00%	@6.00%		
20/09/2018													
1 IV SET (INTRAFIX SAFEST) REF 4063001 (BRAUN)	18D18A84 - 30/04/2022	9018	3	B	1	Braun	1.00	275.00	275.00	16.50	16.50		308.00
										@6.00%	@6.00%		
2 SYRINGE WITH NEEDLE 10 ML X 21G X 1.5" (NIPRO)	18D07K05 - 31/03/2022	9018	3	NIPR	NOS	O	4.00	89.29	89.29	5.36	5.36		100.00
										@6.00%	@6.00%		
3 SYRINGE WITH NEEDLE 5 ML X 24G X 1" (NIPRO)	18C30K74 - 28/02/2022	9018	3	NIPR	NOS	O	4.00	64.29	64.29	3.86	3.86		72.00
										@6.00%	@6.00%		
4 ALCOHOL SWAB AMARYLLIS	165 - 31/12/2022	2	3005	Amar	NOS	Ylis	5.00	11.16	11.16	0.67	0.67		12.50
										@6.00%	@6.00%		
21/09/2018													
1 IV CANNULA 22G (VASOFIX SAFETY) BRAUN	17H16G83 - 31/08/2022	9018	2	BBRA	NOS	UN	1.00	259.82	259.82	15.59	15.59		291.00
										@6.00%	@6.00%		
2 IV SET (INTRAFIX SAFEST) REF 4063001 (BRAUN)	18D18A84 - 30/04/2022	9018	3	B	1	Braun	1.00	275.00	275.00	16.50	16.50		308.00
										@6.00%	@6.00%		

KAUSHIK PATHOLOGY LABORATORY

Inside Gayatri Nursing Home, Delhi Mathura
Road, Rasulpur Chowk, Palwal - 121102 (HR)

A Complete Health Solution Point

Contact : 8816944124

TEST REPORT

Patient Name		Age & Sex	:	
Ref By.	Dr. : GAYATRI NURSING HOME	Lab No.	:	3239
Sample Date	: 26.01.2021	Report DT/Time	:	26.01.2021
Ward No/ Bed No.		Address.	:	

INVESTIGATION	RESULT	UNITS	REFERENCE RANGE
Complete Blood Count Fully Automated Hematology			
Hemoglobin	12.9	gm%	M-13.0-18.0 , F-11.5-16.5
Total Leucocyte Count(TLC)	26,400	/cumm	4000-11000
Differential Leucocyte Count			
Neutrophils	90	%	40-75
Lymphocytes	04	%	A=20-45, Infant=till 70 %
Monocytes	04	%	2-8.
Eosinophils	02	%	1-4
Basophils	00	%	0-1
Red Blood Cell Count	4.12	m/cumm	4.5-6.0
Hematocrit(HCT) /PCV	44.6	%	M-42-52, F-36-48
Mean Corpuscular Vol. (MCV)	86.7	fL	82-92
Mean Corpuscular HGB. (MCH)	21.8	pg	27-33
Mean Corp. HGB. Conc. (MCHC)	25.7	g/dl	32-37
RDW -SD	53.8	FL	37-46
Platelets Count	1.89	Lakh/cmm	1.5-4.5
PDW	19.7	.	9-14

Serology

Malarial Parasites,Card AntibodyMethod

Malarial Parasites(Card Method)Antibody Detection

Test	Result
1. Plasmodium Falciparum	Negative

Dr. GARIMA MANGLA
M.B.B.S., M.D.
Reg. No. H N-7057

Signature Lab Tech.
Lab. Technician



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REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE

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• Haematology • Serology • Cultures • Hormones • Biochemistry • Microbiology • Clinical
Pathology etc. This report is an opinion for doctor. Not valid for medico legal cases. Isolate laboratory
investigations never confirm the final diagnosis of the disease clinical correlation is extremely essential

PHADNIS CLINIC PVT. LTD.

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• Website : www.onphospital.com



BASIC
HOSPITAL
9

IN-1002-2385794

DETAILED FINAL BILL

Hospital Name : PHADNIS CLINIC PVT. LTD.

Ref No. RNPO82600

BILL NO : 17913

Patient Name : [REDACTED]

Sex : Male

Address : [REDACTED]

Sponsor : Insurance

TPA : Bajaj Allianz

Diagnosis : TKR

Consultant : Dr. Tapasvi Sachin R

DOA : 07/10/2018 TOA : 5.10 PM

DOD : 12/10/2018 TOD : 4.55 PM

Bed No : 608

Bed Category : Twin Sharing

Particulars	Amt P.U.	Unit	Total Amount
ROOM RENT			
Semi - Private	1,000	5.	5,000
		Total :	5000
LABORATORY			
Haemogram	250	1.	250
Electrolytes (Na & K CL)	450	1.	450
		Total :	700
PHARMACY			
Pharmacy Charges (As Per Detail Attached	19,834	1.	19,834
Fentanyl	45	2.	90
		Total :	19924
WARD PROCEDURE			
Minor Dressing in Ward	350	1.	350
		Total :	350
RADIOLOGY			
Knee Joint AP/Lat	550	1.	550
		Total :	550
PHYSIOTHERAPY			
Physiotherapy Charges	600	6.	3,600
		Total :	3600
OPERATION THEATRE CHARGES			
O. T. Charges	3,000	3.	9,000
O.T. Recovery Room Charges	750	1.	750
		Total :	9750
OT EQUIPMENT			
Boyles Machine	300	1.	300
Monitor	650	1.	650
Nerve Stimulator	650	1.	650



INVOICE cum RECEIPT

Ph. (H.) 22823828, 22821501

VIKAS MEDICAL & HEART HOSPITAL

3rd Floor, Sruhard Complex, (Naroda Doctor House), Opp. Narayannagar Bus Stop, Naroda, Ahmedabad-382330.

Pt. Name _____

Rece. No. 345 Date : 1/10/2014

Dr. S. L. Mehta
M.D. (Medicine)
Consultant Physician

No.	PARTICULARS	AMOUNT
1	Registration Fee	
2	Consultation Routine / Emergency	
3	E.C.G.	
4	R.B.S. <u>6 x 50</u>	<u>300 =</u>
5	Room / Bed Charge General / Semi / Sp. / AC / Deluxe / ICCU <u>2000/-</u> From <u>30/10/14</u> to <u>1/11/14</u> total <u>3</u> days	<u>6000 =</u>
6	I.V. Therapy <u>2PM</u>	
7	Daily Dr. Visit Fee <u>1000 x 2 x 3</u>	<u>6000 =</u>
8	Blood Transfusion	
9	Oxygen	
10	Nebulizer	
11	Nursing	
12	Others	
	TOTAL	<u>12,300 =</u>

Rupees : Twelve thousand three hundred onlyAge + 0 feet cellulityKm 102/DayFor, Dr. S. L. Mehta
Hospital Reg. No. 041000400

	HEALING HANDS MEDICO			Cash Memo No : CA-19689 Date : 27/03/21	
4th Floor, Millennium Star Extension, Above KFC restaurant, Adjacent To Ruby Hall Entrance Gate, Dhole Patil Road, Pune-411001 Tel.8888988884 COURIER-9049929592					
Name : [REDACTED]					
Doctor: Dr.Ashwin Porwal		H H C Clinic			
QTY	DESCRIPTION	COM	BATCH	EXP	AMOUNT
1 x30(n.a)	Anoac-h ((n.a))	HHH	HAH-25	11/23	500.00
					Gross: 500.00
					Discount: 0.00
					AMOUNT: 500.00
Amount in Words : Rs.: Five Hundred Only					
E&OE Subject to PUNE jurisdiction. DL No: 20-75082,21-75083,20F-75084,20C-75283-MH-PZ2 GSTIN No: GSTIN NO: 27AQLPP4149G1ZI			For HEALING HANDS MEDICO PHARMACIST		



Jaslok Hospital & Research Centre



OPD VISIT REGISTRATION RECEIPT

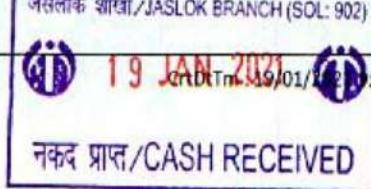
GSTIN NO		Sac No	99931-Human Health Service				
Ptn. No	: 211206631	Date	19/01/2021 9:49 AM				
Name		Bill Dept	Registration Fees				
Age / Gender		Memo No	1004896				
Class	: OPD	Receipt No.	1004861				
Doctor	: DR. VAIDYA KAUSTUBH A.	Speciality	CARDIOLOGY				
Patient Type	: PAY PATIENT 1	Company	Self				
		Token No.	7				
Charge Description	Service Code	Service Description	Units	Rate	Amount	Lab No	Room No
Registration Fees	5008373	HOSPITAL REGISTRATION CHARGE	1	50.00	50.00		
Misc. Charges	5008496	Covid Consumable charge (For all OPD Consultation) Instruction:-Extra Service Added From Visit Reg.	1	150.00	150.00		
COMMON DEPARTMENT	5008051	OPD SUPER-SPLTY CONSULTATION - FIRST IN 6 MONTHS Dr.VAIDYA KAUSTUBH A NEW CASE	1	2500.00	2500.00		
		Total Rs.:			2700.00		
		Pay Amount :			2700.00		

Received With Thanks from : MR. Milan Keshavji Kanade / I.D.B.I. BANK LTD.
जसलोक शाखा/JASLOK BRANCH (SOL: 902)

Payment Details

CrtUsr : 10167 \ PrntUsr : PRIYANKAP

Page 1 OF 2



022-4017 3333/3200

Add : 15, Dr. G. Deshmukh Marg,
Peddar Road, Mumbai - 400 026

Email Id :
online@jaslokhospital.net



Emergency contact number:
022 2354 2354.



Sh. Hardeo Singh Memorial Hospital

Sh. Hardeo Singh Memorial Hospital
220, Bank Colony, Niwari Road, Modinagar-201204
Helpline: 7579612300, 7579761600
CMO REG: RMEE2234432

IPD Summary Bill



IPD No: IP-3213/2025 UHID : U-2966/2025

Patient Name: [REDACTED]

S/D/W/O: Mr. [REDACTED]

Age/Sex/Marital: 56Y /Female/Married

Address: [REDACTED]

Contact No: [REDACTED]

Billing Category: Cash

Allocation : ICU Unit No :

S.No.	Code	Particular	Rate (Rs)	Unit	Amount (Rs)
Room Charges					
1	R2	ICU BED CHARGE	7000	1	7,000.00
Nursing Charges					
2	N2	NURSING CHARGE	200	1	200.00
OT Charges					
3	O1	OT CHARGE	2000	1	2,000.00
Visit Charges					
4	A43	DR AJAY KUMAR TOMAR VISIT	1000	1	1,000.00
Surgery Charges					
5	A84	STITCHING CHARGE	3000	1	3,000.00
Gross Amount (Rs)					13,200.00
Discount (Rs)					3,200.00
Total Bill Amount (Rs) Rupees Ten Thousands Only					10,000.00
Amount Paid (Rs)					0.00
Balance Payable Amount (Rs) Rupees Ten Thousands Only					10,000.00

:-Amount Deposited:-

S.No.	Date	Receipt No.	Details	Mode	Amount (Rs)
			Total Amount Paid Rupees Only		0.00

Patient/Attendant Signature

