




GSTIN : 33AAACA5443N3ZN		OP Cash Bill - Bill of Supply		Reference No :	
Name : Ms. VARSHA R		Age : 25Yr 2Mth 29Days		UHID: AHT1.0000136594 (QR)	
Father Name :		Sex : Female			
Address : Chennai Tamil Nadu India, CellNo:91-8778566482		OP Number: CTOOPP154418			
					
Doctor's Name : SELF REFERRAL		Bill No : CTO-OCS-123543			
Speciality :		Date : 26-May-21		Time : 10:16:40	
					
Bill Amount: ₹. 850.00		FOR APOLLO HOSPITALS			
Amount in words: ₹ Eight Hundred Fifty Only					
S.No	Service Type/Service Name	Department	Quantity	Amount (INR)	
1	Investigations(9993)				
1	COVISHIELD VACCINATION CHARGES	General Medicine	1	850.00	
	Sub Total			850.00	
Service Amount :			850.00		
Total Bill Amount			850.00		
Final Payment			850.00		
No Tax is Payable on Reverse Charge Basis					
Receipt Details: Received with thanks sum of ₹. 850.00 (CARD)					
₹ Eight Hundred Fifty Only From Ms. VARSHA R					
* Denotes Cancelled Services			Authorized Signatory		
(QR) Denotes Quick Registration					
Mr. Balaji					
Cashier					

Online Payment access- <https://pay.apollohospitals.com>

Keep the records carefully and bring them along during your next visit to our hospital. E&OE



For enquires, appointments & Telemedicine consultations contact : 044 - 60601066

Registered Office: APOLLO HOSPITALS ENTERPRISE LIMITED No.19, Bishop Gardens, Raja Annamalaiapuram, Chennai - 600 026, CIN: L85110TN1979PLCOO00018

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