

OUT PATIENT- CASH BILL CUM RECEIPT

Receipt No :OPCS21007836

Patient ID : MR1812289 BillNo : OPIV21007843
Patient Name : Mr SATHYANARANA GOUD Date & Time : 23/01/2021 08:52:12
JALAGAM
Age/Gender : 61 Yrs 5 Mons 17 Days /Male Consultant : Dr Chandra Sekhara Rao L M
Department : SURGICAL ONCOLOGY Category : CASH
Referral Source : Ref Source Name:

S.No	Description	SAC	Qty	TaxRate	Amount	Disc	Taxable Value	GST	NetAmount
1	LABORATORY NASOPHARYNGEAL SWAB	9993	1	0.00	500.00	0.00	500.00	0.00	500.00

Total Bill Amount 500.00
Net Payable 500.00
Receipt 500.00

Amount of 500.00/- (Rupees five hundred only)

Cash 500.00

Remarks:

Cashier Sivaprasad

Note:Lab reports will not be issued after 6PM.Please contact on No.040-23552353 for the status of the reports between 9AM-6PM

GSTIN :36AAATN1875E1ZM



Cancer Help Line : 99895 24365

OUT PATIENT- CASH BILL CUM RECEIPT

Receipt No : OPCS21001181

Patient ID : MR1812289

BillNo :

OPV21001182

Patient Name : Mr SATHYANARANA GOUD JALAGAM

Date & Time :

01/2021 09:34:18

Age/Gender : 61 Yrs 4 Mons 30 Days /Male

Consultant :

Chandra Sekhara Rao L M

Department : SURGICAL ONCOLOGY

Category :

SH

Referral Source :

Ref Source Name:

S.No	Description	SAC	Qty	TaxRate	Amount	Disc	able	GST	NetAmount
1	Nuclear Medicine								
	PET-CT WHOLE BODY	9993	1	0.00	23700.00	7110.00	90.00	0.00	16590.00
	Total Bill Amount								23700.00
	Discount								7110.00
	Net Payable								16590.00
	Receipt								16590.00

Amount of 16590.00/- (Rupees sixteen thousand five hundred ninety only)

Cash 16590.00

Remarks: as per ceo sir instructions

Cashier Sunithak

Note: Lab reports will not be issued after 6PM. Please contact on No.040-23552353 for the status of the reports between 9AM-6PM

GSTIN :36AAATN1875E1ZM



Cancer Help Line : 99895 24365

CASH: 16590/-

CARD: -

EFT/OTHERS: -

TOTAL: 16590/-

OUT PATIENT- CASH BILL CUM RECEIPT

Receipt No :OPCS20097118

Patient ID : MR1812289 BillNo : OPIV20097144
Patient Name : Mr SATHYANARANA GOUD Date & Time : 22/12/2020 09:23:21
JALAGAM
Age/Gender : 61 Yrs 4 Mons 16 Days /Male Consultant : Dr ZAKIR ALI A
Department : NUCLEAR MEDICINE Category : CASH
Referral Source : Ref Source Name:

S.No	Description	SAC	Qty	TaxRate	Amount	Disc	Taxable Value	GST	NetAmount
1	Nuclear Medicine CONSULTATION	9993	1	0.00	300.00	0.00	300.00	0.00	300.00
Total Bill Amount									300.00
Net Payable									300.00
Receipt									300.00

Amount of 300.00/- (Rupees three hundred only)

Cash 300.00

Remarks:

Note:Lab reports will not be issued after 6PM.Please contact on No.040-23552353 for the status of the reports between 9AM-6PM

GSTIN :36AAATN1875E1ZM

Cashier Mprasanth



CASH: 300/-
CARD: -
EFT/OT/DEPS: 300/-

Cancer Help Line : 99895 24365

OUT PATIENT- CASH BILL CUM RECEIPT

Receipt No :OPCS20097567

Patient ID : MR1812289 BillNo : OPIV20097593
Patient Name : Mr SATHYANARANA GOUD Date & Time : 23/12/2020 09:42:39
JALAGAM
Age/Gender : 61 Yrs 4 Mons 17 Days /Male Consultant : Dr Chandra Sekhara Rao L M
Department : SURGICAL ONCOLOGY Category : CASH
Referral Source : Ref Source Name:

S.No	Description	SAC	Qty	TaxRate	Amount	Disc	Taxable Value	GST	NetAmount
1	RADIOLOGY U/S GUIDED FNAC	9993	1	0.00	1150.00	0.00	1150.00	0.00	1150.00
2	LABORATORY GUIDED FNAC	9993	1	0.00	600.00	0.00	600.00	0.00	600.00
Total Bill Amount									1750.00
Net Payable									1750.00
Receipt									1750.00

Amount of 1750.00/- (Rupees one thousand seven hundred fifty only)

Cash 1750.00

Remarks:

W.C FOLLOW Cashier Sailaja
UP

Note: Lab reports will not be issued after 6PM. Please contact on 91-40-23552353 for the status of the reports between 9AM-6PM

GSTIN :36AAATN1875E1ZM

CASH: 1750/-
CARD: -
LEFT/OTHERS: -
TOTAL: 1750.00

Cancer Help Line : 99895 24365

OUT PATIENT- CASH BILL CUM RECEIPT

Receipt No :OPCS20097278

Patient ID : MR1812289 **BillNo :** OPIV20097304
Patient Name : Mr SATHYANARANA GOUD **Date & Time :** 22/12/2020 11:31:24
JALAGAM
Age/Gender : 61 Yrs 4 Mons 16 Days /Male **Consultant :** Dr Chandra Sekhara Rao L M
Department : SURGICAL ONCOLOGY **Category :** CASH
Referral Source : **Ref Source Name:**

S.No	Description	SAC	Qty	TaxRate	Amount	Disc	Taxable Value	GST	NetAmount
1	RADIOLOGY								
	U/S NECK	9993	1	0.00	690.00	103.50	586.50	0.00	586.50
Total Bill Amount									690.00
Discount									104.00
Net Payable									586.00
Receipt									587.00

Amount of 587.00/- (Rupees five hundred eighty seven only)

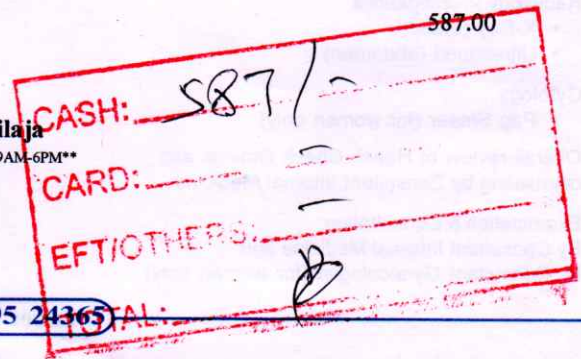
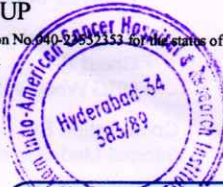
Cash 587.00

Remarks: W.C FOLLOW UP

Cashier Sailaja

Note:Lab reports will not be issued after 6PM.Please contact on No.940-82932333 for the status of the reports between 9AM-6PM

GSTIN :36AAATN1875E1ZM



Cancer Help Line : 99895 24365

OUT PATIENT- CASH BILL CUM RECEIPT

Receipt No :OPCS20097716

Patient ID : MR1812289 BillNo : OPIV20097742
Patient Name : Mr SATHYANARANA GOUD Date & Time : 23/12/2020 12:12:53
Age/Gender : 61 Yrs 4 Mons 17 Days /Male Consultant : Dr Chandra Sekhara Rao L M
Department : SURGICAL ONCOLOGY Category : CASH
Referral Source : Ref Source Name:

S.No	Description	SAC	Qty	TaxRate	Amount	Disc	Taxable Value	GST	NetAmount
1	LABORATORY CELL BLOCK	9993	1	0.00	460.00	0.00	460.00	0.00	460.00
Total Bill Amount									460.00
Net Payable									460.00
Receipt									460.00

Amount of 460.00/- (Rupees four hundred sixty only)

Cash 460.00

Remarks:

Note:Lab reports will not be issued after 6PM.Please contact on No.040-23552353 for the status of the reports between 9AM-6PM

GSTIN :36AAATN1875E1ZM

Cashier Rukmini



CASH: 460/-
CARD: _____
Total: 460/-

Cancer Help Line : 99895 24365

OUT PATIENT- CASH BILL CUM RECEIPT

Receipt No :OPCS20098618

Patient ID : MR1812289 **BillNo :** OPIV20098640
Patient Name : Mr SATHYANARANA GOUD **Date & Time :** 28/12/2020 09:39:40
Age/Gender : 61 Yrs 4 Mons 22 Days /Male **Consultant :** Dr ZAKIR ALI A
Department : NUCLEAR MEDICINE **Category :** CASH
Referral Source : **Ref Source Name:**

S.No	Description	SAC	Qty	TaxRate	Amount	Disc	Taxable Value	GST	NetAmount
1	Nuclear Medicine WHOLE BODY IODINE SCAN	9993	1	0.00	4100.00	0.00	4100.00	0.00	4100.00

Total Bill Amount 4100.00

Net Payable 4100.00

Receipt 4100.00

Amount of 4100.00/- (Rupees four thousand one hundred only)

Cash 4100.00

Remarks:

Cashier Sunitha

Note:Lab reports will not be issued after 6PM.Please contact on No.040-23552353 for the status of the reports between 6PM-6PM

GSTIN :36AAATN1875E1ZM



CASH:	4,100/-
CARD:	-
EFT/OTHERS:	-
TOTAL:	4,100/-

Cancer Help Line : 99895 24365

APGST:PJT/10/1/243B/99-2000 DL No:187/HD/AP/2000/R

PHARMACY BILL(GST Tax Invoice)

PT ID : XT223879

Bill No : PHCS21004118

Patient Name : Mr SATYANARAYANA GOUD

Date : 13/01/2021

Doctor Name : ALL DOCTORS

Age/Gender : /Male

S.No	HSN	Description	UOM	Batch No	Exp	Qty	MRP	Disc%	Tax Rate%	Rate	Amt	Disc	GST	Net
1	3004	CINOD - 10MG TAB (AJANTA)	Each	GT0390G	2022-06-30	20	9.95	0.0	12.0	8.88	177.68	0.00	21.32	199.00

Total Amount 177.68
Discount 0.00
GST 21.32
Net Amount 199.00

Mode	Amount	Holder Name	Card No	Batch No	Approval No
Cash	199.00				

Percentage	SGST	CGST	Total
0%	0.0	0.0	0.0
5%	0.00	0.00	0.00
12%	10.66	10.66	21.32
18%	0.00	0.00	0.00
28%	0.00	0.00	0.00
Total	10.66	10.66	21.32

Dispensed By :

Shahenaz-Miss SHAIK SHAHENAZ

Note: 1. Goods will not be taken back after 15 days from date of purchase, cut and torn strips will not be taken back.

2. Medications stored in fridge, once sold will not be taken back

3. Any queries please contact: 91-9912225341

Thank you for choosing Basavatarakam Indo-American Cancer Hospital & Research Institute.

GSTIN :36AAATN1875E1ZM



Cancer Help Line : 99895 24365

E & O.E. Goods once sold cannot be taken back or exchanged
INSULINS AND VACCINES WILL NOT BE TAKEN BACK

Bill No. : 0100700100001 102 APOLLO ADVANTAGE 00
Date / Time : 2020 Dec 20 05:50:06 PM
Terminal No. : 001
Name : SATHYANARAYANA
Ref. No. : 0010003102
Dr. : 0011100

Apollo Pharmacy
(A unit of Apollo Pharmacies Limited)
Toll No: 1860 500 0101
Website: www.apollopharmacy.in

Branch :
Address: JAYARAMANA
110, 12 & 13/4th Cross (OLD) PLOT NO
779070010
DL No. : 44/004/01/2012
GSTIN : 34AP0450849125
GSTIN : 34AP0450849125

INVOICE

QTY.	ITEM NAME	HSN CODE	MFRS	BATCH NO.	EXPIRY	SCH	MRP	CGST%	SGST%	TAXABLE	TOTAL AMOUNT
1	ELIQUIS 75MG TAB	30047000	CLAY	W771	DEC 21	1	00.00	0.00	0.00	77.40	00.00
1	ELIQUIS 75MG TAB	30047000	CLAY	W771	DEC 21	1	00.00	0.00	0.00	77.40	00.00
1	ELIQUIS 150MG TAB 100'S	30047000	CLAY	W771	DEC 22	1	150.00	0.00	0.00	142.27	00.00
20	ELIQUIS 150MG TAB 20'S	30047000	CLAY	W771	DEC 22	1	6.75	0.00	0.00	115.10	00.00
Total : 441.00											
Discount : 0.00											
Net Total : 441.00											

CIN : U52500TN2016PLC11328

Registered Office: No.19 Bishop Gardens, Raja Annamalaiapuram, Chennai - 600028

GST : 34AP0450849125

Admin Office: (For all correspondence) All Towers, 11th Floor, No.55, Greens Road, Chennai - 600046, 2157

* DFCO Items No tax is Payable on reverse charges basis

Duplicate Copy of Invoice

For Apollo Pharmacy - Pharmacist

EMERGENCY CALL : 1066 HELPLINE : 040 - 4747 6960