

**IP FINAL BILL**

<b>Patient Name</b> : Mr. Shrikant Chandrakant Ingawale	<b>Bill No</b> : 51
<b>Age /Gender</b> : 25 Y / Male	<b>Bill Date</b> : 13/04/2024
<b>Address</b> : A/P Top Tal- Hatkangale Kolhapur , Maharashtra	<b>UH ID</b> : 20019280
	<b>IP ID</b> : IPWH21-22/14306/202
<b>Doctor</b> : Dr.Prabhu Santosh	<b>Admission Date</b> : 01/04/2024 07:30PM
<b>Department</b> : Neurosurgery	<b>Ward/Bed</b> : GWM / M4
<b>Rate Plan</b> : GENERAL 1	<b>Discharge Date</b> : 13/04/2024 2:27PM
	<b>Diagnosis</b> : benign intracranial hypertension
<b>Discharge Type</b> : At Request Descharge	<b>Referred By</b> : Dr. Vikas Patil

Head	Description	Rate	Qty	Amount
<b>Surgery</b>				
	Theco- Pertooneel Shunt	110000.00	1	110000.00
<b>Hospital Stay</b>				
<b>GW</b>	<b>From Date 1-Apr-2024 To Date 12-Apr-2024</b>			
GW	BED	1240.00	11	13640.00
GW	BMW	50.00	11	550.00
GW	Inj/Dressing/Saline	220.00	11	2420.00
GW	Medical Care	1000.00	11	11000.00
GW	NURSING	300.00	11	3300.00
<b>Sub Total</b>				<b>30910.00</b>
<b>NICU</b>	<b>From Date 2-Apr-2024 To Date 02-Apr-2024</b>			
NICU	BED	4950.00	1	4950.00
NICU	BMW	50.00	1	50.00
NICU	Consumable/Disposables	150.00	1	150.00
NICU	Inj/Dressing/Saline	385.00	1	385.00
NICU	Intensivist Charges	1000.00	1	1000.00
NICU	Medical Care	1500.00	1	1500.00
NICU	Multi Monitoring	935.00	1	935.00
NICU	NURSING	880.00	1	880.00
<b>Sub Total</b>				<b>9850.00</b>
<b>PROCEDURE</b>				
	Dressing	200.00	1	200.00
	ECG	275.00	1	275.00
	GLUCO CHECK	110.00	1	110.00
	OXYGEN I.C.U.	1320.00	1	1320.00
<b>Sub Total</b>				<b>1905.00</b>
<b>Professional Dr Visit</b>				
	Professional Doctor Visit(Dr.Prabhu)	3000.00	1	3000.00
<b>Others</b>				
	ADMINISTRATION FEES	500.00	1	500.00
	DR. NIHARIKA PRABHU	1200.00	1	1200.00
<b>Sub Total</b>				<b>1700.00</b>

**TOTAL BILL AMOUNT : 157365.00**

Package Discount **DISCOUNT : 28100.00**

**NET PAYABLE AMOUNT : 129265.00**

Claimed for - The New India Assurance Co.Ltd under Capgemini Policy

*Shripad*

10-05-2024

Page 1 of 2

*Shrikant*

10-05-2024

**INVOICE**

Invoice No :- 16304

Date :- 02/04/2024

Name :- - SHRIKANT INGA VALE

Lab No. :- 203 020424

Particulars	Amount
<u>Tests Carried Out</u>	
BTCT	100
CBC	300
UREA	175
CRET	175
SODIUM POTASSIUM	350
PT	250
AUSTRALIA ANTIGEN	300
HIV	350
Less	0
Net Amount	2,000

Amount In Words :- Rs. Two Thousand , Paise Zero Only.

**R. C. Chinchnikar**  
M. D. (Path.)  
Consulting Pathologist  
Reg. No. 69216.  
For SHRUTIKA DIAGNOSTIC CENTRE



# MicroPath

## LABORATORY

Upgraded to Molecular Level

G-13, 'Om Plaza', Konda Lane, Laxmipuri, Kolhapur. Ph.: (0231) 2645909, 2645908. Mob. : 7745012200, 8888110034

**ADVANCED PATHOLOGY & MOLECULAR MICROBIOLOGY REFERENCE CENTRE**

**Dr. Manisha Kulkarni**

MD (Path)

Consulting Pathologist

### INVOICE / RECEIPT

Invoice # : 98249020424

Date : 02/04/2024

Name : MR. SHRIKANT INGAWALE (M) 25 Yrs.

Lab # : 98249

Ref. By : Dr. Santosh Prabhu.

020424

Particulars	Amount
CSF EXAMINATION	600/-
CULTURE AND SENSITIVITY	700/-

Amount in words:

One Thousand Three Hundred Only

Total : 1300/-

Net Payable : 1300/-

Total Paid : 1300/-

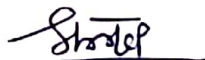
Dues : 0/-

For MicroPath Laboratory

  
MicroPath LABORATORY

Ph. 2645908, M. 7745012200.

Claimed for - The New India Assurance Co. Ltd under  
Capgemini Policy



10-05-2024

**24 Hrs. Emergency Service**

[www.micropathlab.com](http://www.micropathlab.com)

INDIAN ASSOCIATION OF PATHOLOGISTS AND MICROBIOLOGISTS  
NATIONAL EXTERNAL QUALITY ASSURANCE PROGRAM



**WESTERN INDIA INSTITUTE OF NEUROSCIENCES (WIINS)**  
**NEURONAVIGATION CENTRE FOR CRANIAL & SPINAL SURGERY**

183/B, NEAR MAHAVIR COLLEGE, NAGALA PARK, KOLHAPUR - 416 002  
PH. NO. : 2031-2644881, 2644882, 2642000, 744 744 5300, 744 743 5300

**Bill Cum Receipt**

**Print Date** 09/04/2024 11:36:11AM

**Patient Name** : Mr. Shrikant Chandrakant Ingawale

**Bill No.** : 539

**Age/Gender** : 25 Y / Male

**Bill Date** : 09/04/2024 11:36

**Address** : A/P Top  
Tal- Hatkangale  
Kolhapur , Maharashtra

**UH ID** : 20019280

**Visit ID** : OPWH20-21-34110

**Referred By** : Self

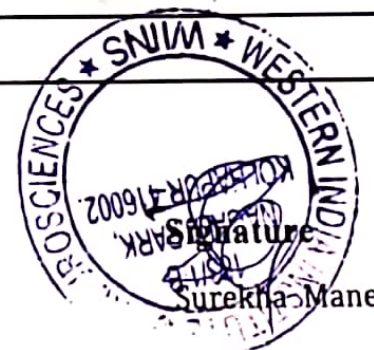
**Consultant Dr.** : Dr. Santosh Prabhu

**Department** : Neurosurgery

Sr. No	Service Name	Rate	Qty	Amount
1	ANAESTHESIA CHARGES	8,000.00	1	8,000.00
<b>Bill Amount</b>				8,000.00
<b>Paid Amount</b>				8,000.00
<b>Payments</b>	<b>ReceiptNo</b>	<b>Mode</b>	<b>Cheque Card No</b>	<b>Bank</b>
09/04/2024	24140			
				<b>Amount</b>
				0.00

**Received with Thanks** Rs. Eight Thousand Only

Claimed for - The New India Assurance Co. Ltd  
under Capgemini Policy



ORTHO SURGERY(CLAVICAL PLATING)			
PATEIENT NAME- Shrikant Ingawale		OPERATION DATE: 02/04/24	
MEDICINES AND DIPOSABLES USED IN OPERATION THEATRE			
MEDICINES	RATE	QUA	TOTAL
INJ. SENSORCAINE 0.5%	97.44	1	97.44
INJ. XYLOCAINE 2% WITH ADRENALINE	36.54	1	36.54
LOX JELLY	38	1	38
SEVOFLURANE (30 ML)	720	1	720
INJ. JUSTIN	30	2	60
INJ. VACURONIUM 10MG	109.9	2	219.8
INJ. COSTIGMIN	115	1	115
INJ. RABEPRAZOLE 20MG	90	1	90
INJ. GLYCOPYRROLATE	16.12	1	16.12
INJ. EMSET 4ML	26.7	1	26.7
IV. DNS	42.8	1	42.8
IV. SET SAFTY PREMIUM	265	2	530
DISPOSABLE GOVES ANSELL NO. 7	114	5	570
DISPOSABLE GOVES ANSELL NO. 6 1/2	114	5	570
BLADES NO. 23 & 15 (1 EACH)	5.2	2	10.4
THIOPENTAL	61.95	1	61.95
SCOLINE	54.7	1	54.7
COTTON ROLL 500 GMS	480	1	480
DISPOSABLE SYRINGE 5 ML WITH NEEDLE	18	5	90
DISPOSABLE SYRINGE 10 ML WITH NEEDLE	34	5	170
ANTISEPTIC SOLUTIONS	400	1	400
ANTIBIOTIC / TAZO-PIPERA	450	1	450
ETHILONE 3-0	225	2	450
3 WAY B. BRAUN 10 CM	232	1	232
VASOFIX 18	211	1	211
HME FILTER	444	2	888
IV. PARACETAMOL - 100 ML	548	1	548
MICRO GLOVES	114	2	228
PROPOFOL 2% 50ML BAXTER	903	1	903
DYNAPLAST 10 CMS	96	1	96
Total			8405.45
Discount			905.45
Paid			7500



Claimed for - The New India Assurance Co. Ltd under  
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*Shirish*

10-05-2024



**WESTERN INDIA INSTITUTE OF NEUROSCIENCES (WIINS)**  
**NEURONAVIGATION CENTRE FOR CRANIAL & SPINAL SURGERY**

183/B, NEAR MAHAVIR COLLEGE, NAGALA PARK, KOLHAPUR - 416 002  
PH. NO. : 2031-2644881, 2644882, 2642000, 744 744 5300, 744 743 5300

**Bill Cum Receipt**

**Print Date** 13/04/2024 3:57:06PM

**Patient Name** : Mr. Shrikant Chandrakant Ingawale  
**Age/Gender** : 25 Y / Male  
**Address** : A/P Top  
Tal- Hatkangale  
Kolhapur , Maharashtra  
**Consultant Dr.** : Dr. Santosh Prabhu  
**Department** : Neurosurgery

**Bill No.** : 854  
**Bill Date** : 13/04/2024 15:57  
**UH ID** : 20019280  
**Visit ID** : OPWH20-21-34110  
**Referred By** : Self

Sr. No	Service Name	Rate	Qty	Amount
1	CT Brain Plain	2,000.00	1	2,000.00
<b>Bill Amount</b>				2,000.00
<b>Paid Amount</b>				2,000.00

Payments	ReceiptNo	Mode	Amount
13/04/2024	24455	Cash	2000.00

Received with Thanks Rs. Two Thousand Only

10-05-2024

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under Capgemini Policy

**Signature**  
Surekha Mane

# Wellness Forever

CHEMISTS & LIFESTYLE STORE

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NO. 83/1 B NEAR EVERGREEN HOMES, NEW NAGALA PARK,  
OPP. RAJAHAS PRINTING PRESS, KOLHAPUR, 416002

Tel: 8657564279 & 8657564280

01/24

DRUG LICENCE No: 20-MH-KZ1-539727, 21-539728, 208-MH-KZ1-539729, 218-539730, 20F-MH-KZ1-539731

FSSAI NO. :

GSTIN: 27AAACW7563P1ZH CIN: U24239MH2008PTC178658

REG. OFF.: 7TH FLOOR, WING 'A', EMPIRE PLAZA, IT PARK, LBS MARG, VIKHROLI WEST, MUMBAI-400083

## TAX INVOICE

SHRIKANT INGAVAL

MOBILE: 0020019280

NAME  
& ADD

SANTOSH PRABHU

DR. NAME  
& ADD

182/83, KASABA BAWADA ROAD, HAAVEER COLLEGE Reg. No: 47832

BILL NO.: 503

16:13

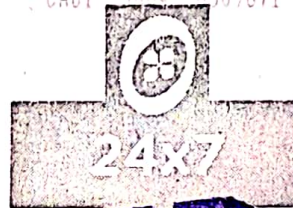
TIME: 03/04/24

DATE:

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
2	ZEXACIN 500MG INJ 2ML VI	MOCK	3004	WH123006	09-25	162.30	5.0	324.60
04	6 DEPIN 10MG 30CAP	CADI	3004	H309671	12-24	31.92	12.0	6.38

GST AMT: 135.43 CGST AMT: 135.43

Page 1 of 1 A-SALES MAN: NILE



TOTAL AMT: 6312.98

DISCOUNT: 631.30

NET TOTAL: 5681.68

Important Advice: Always verify your medications with your prescribing healthcare professional before administering.  
Wellness Forever is not responsible for issues arising from non-adherence to this recommendation.

Signature of Registered Pharmacist



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Availability



Quick  
Delivery



Visit  
Store



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Products

ORIGINAL

Schedules H, I, L, E, & C. Any overcharge due to oversight will be refunded E.& O.E



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MEDICARE PRIVATE LIMITED)

CS NO 183/1 B NEAR EVERGREEN HOMES, NEW NAGALA PARK,

OPP. RAJANAS PRINTING PRESS, KOLHAPUR, 416002

Tel: 8657564279 & 8657564280

01/24

RUG LICENCE NO: 20-AH-KZ1-539727, 21-539728, 20B-AH-KZ1-539729, 21B-539730, 20F-AH-KZ1-539731

FSSAI NO. 1

GSTIN: 27AAACW565P1ZK, CIN: U24239MH2008PTC178658

REG. OFF.: 7TH FLOOR, WING 'A', EMPIRE PLAZA, IT PARK, LBS MARG, VIKHROLI WEST, MUMBAI-400083

## TAX INVOICE

SHRIKANT THGAVALA

MOBILE: 0020019280

NAME & ADD  
KOLHAPUR

DR. NAME  
SANTOSH PRAKHU

182/83, NASABA BAWADA ROAD MAHAVEER COLLEGE Reg. No: 47832

BILL NO: 9

TIME: 00:53

DATE: 01/04/24

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
4	C-ONE-SB 1.5GH INJ VIAL	AH	3004	ZJ00558	09-25	340.61	12.0	1362.44
4	JUSTIN-AQ INJ 1ML ANP	NEON	3004	PPUAK95	03-25	21.20	12.0	84.80
2	NEOROL 100ML I.V NEON	NEON		83L174	12-25	522.00	12.0	1044.00
2	RAREBERAZ COMBIPACK IPC	GBL		64...	09-25	350.00	12.0	700.00
2	RL 500ML I.V FRB				12-26	63.26	12.0	126.52
2	OMS (PUNISKA) INJ 500ML				11-26	42.80	12.0	85.60
2	MS 500ML IV PUNISKA				01-27	39.04	12.0	78.08

GST AMT: 107.67 CGST AMT: 107.67

Page 1 of 1 A-SALES MAN: HITHILE

TOTAL AMT: 3481.44

DISCOUNT: 1471.06

NET TOTAL: 2010.38



Signature of Registered Pharmacist

Important Advice: Always verify your medications with your prescribing healthcare professional before administering.  
Wellness Forever is not responsible for issues arising from non-adherence to this recommendation.



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Schedules H, I, L, E & C. Any overcharge due to oversight will be refunded. E & C/E





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OPP. RAJHANAS PRINTING PRESS, KOLHAPUR, 416002

Tel: 8657564279 & 8657564280

DRUG LICENCE No: 20-MH-KZ1-539727, 21-539728, 20B-MH-KZ1-539729, 21B-539730, 20F-MH-KZ1-539731

FSSAI NO. :

GSTIN: 27AAACW7565P1ZH , CIN: U24239MH2008PTC178658

REGD. OFF.: 7TH FLOOR, WING 'A', EMPIRE PLAZA, IT PARK, LBS MARG, VIKHROLI WEST, MUMBAI-400083

## TAX INVOICE

SHRIKANT INGAVALA

MOBILE: 0020019280

LCOM  
TIME  
& ADD

SANTOSH PRABHU

DR. NAME  
& ADD

182/83, KASABA BAWADA ROAD MAHAVEER COLLEGE Reg. No: 47832

BILL NO: 1859

TIME: 22:14

DATE: 11/04/24

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
1	DVI-18 ANTI EMBOLI STCKG	DYNA	6115	MEDIUM	01-28	2000.00	12.0	2000.00



SGST AMT: 96.42 CGST AMT: 96.42  
Page 1 of 1) A-SALES MAN: NILESH VM

TOTAL AMT: 2000.00

DISCOUNT: 200.00

NET TOTAL: 1800.00

Signature of Registered Pharmacist

Important Advice: Always verify your medications with your prescribing healthcare professional before administering.  
Wellness Forever is not responsible for issues arising from non-adherence to this recommendation.



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Pharmacists



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Availability



Quick  
Delivery



Visit  
Store



Medicine & Lifestyle  
Products

ORIGINAL

Schedules III, IV, & C. Any overcharge due to oversight will be refunded. E & C.B.

# Wellness Forever

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UNIT OF WELLNESS FOREVER MEDICARE LIMITED,  
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MEDICARE PRIVATE LIMITED)

CS NO 183/1 B NEAR EVERGREEN HOMES, NEW NAGALA PARK,  
OPP. RAJHANAS PRINTING PRESS, KOLHAPUR, 416002  
Tel: 8657564279 & 8657564280

RUG LICENCE No: 20-MH-KZ1-539727, 21-539728, 20B-MH-KZ1-539729, 21B-539730, 20F-MH-KZ1-539731

FSSAI NO. :

GSTIN: 27AAACW7565P1ZH , CIN: U24239MH2008PTC178658

REGD. OFF.: 7TH FLOOR, WING 'A', EMPIRE PLAZA, IT PARK, LBS MARG, VIKHROLI WEST, MUMBAI-400083

## TAX INVOICE

SHRIKANT IMGAYALE

MOBILE: 0020019280

NAME  
& ADD

SANTOSH PRABHU

DR. NAME  
& ADD

182/83, KASABA BAWADA ROAD MAHAVEER COLLEGE Reg. No: 47832

BILL NO: 80

TIME: 21:11

DATE: 01/04/24

QTY.	ITEM NAME	MFG	HSN	BATCH	EXPIRY DT.	PRICE/PCS	GST%	AMOUNT
0*	1 DOLO 650MG 15TAB	HGTF	3004	DOB33320	07-27	33.60	12.0	22.40
4	HANBITOL 20% 100ML I.V F	FRES	3004	82SK42010	09-26	38.08	12.0	152.32
0*	1 DIAHIX 250MG 15TAB	SUNP	3004	TE1772A	06-26	63.78	5.0	42.52
1	PLASTIC BOTTLE SMALL IPC	IND	3973	500231010	12-35	6.00	18.0	6.00
2	NOVO I.V SET POLY	POLY	9019	6009524A	12-28	235.00	12.0	470.00

ST AMT: 162.26 CGST AMT: 162.26

Page 4 of 4) A-SALES MAN: SANJAY A

TOTAL AMT: 3576.52

DISCOUNT: 580.15

NET TOTAL: 2996.37

Important Advice: Always verify your medications with your prescribing healthcare professional before administering.  
Wellness Forever is not responsible for issues arising from non-adherence to this recommendation.

Signature of Registered Pharmacist



Qualified  
Pharmacists



24x7  
Availability



Quick  
Delivery



Visit  
Store



Medicine & Lifestyle  
Products

ORIGINAL

Schedules H, I, L, E, & C. Any overcharge due to oversight will be refunded. E.A.O.E



**Receipt**

**Shrutika Scans**

1968/C, Maharana pratap chowk road, Laxmipuri, Kolhapur - 416003  
Ph. No. - (0231) 2646040/41/42/43/44

Receipt No : **2515**

Date : **04 May, 2024**

Received with thanks from **MR. SHRIKANT CHANDRAKANT INGAWALE**

Ref. By : Dr. PRABHU SANTOSH

Sum of - Rupees **Six Thousand Only**

Payment Detail(s) :

Particuler(S)	Amount
MRI BRAIN PLAIN	6000.00
Total	<b>6000.00</b>

Mode of Payment : **UPI**

For - **Shrutika Scans**

(P)

*Shrutika*

10-05-2024



Claimed for - The New India Assurance co. Ltd  
under Capgemini Policy

**Receipt**

**Shrutika Scans**

1968/C, Maharana pratap chowk road, Laxmipuri, Kolhapur - 416003  
Ph. No. - (0231) 2646040/41/42/43/44

Receipt No : **2516**

Date : **04 May, 2024**

Received with thanks from **MR. SHRIKANT CHANDRAKANT INGAWALE**

Ref. By : Dr. PRABHU SANTOSH

Sum of - Rupees **Two Thousand Only**

Payment Detail(s) :

Particuler(S)	Amount
MRI VENOGRAM ONLY	2000.00
Total : <b>2000.00</b>	

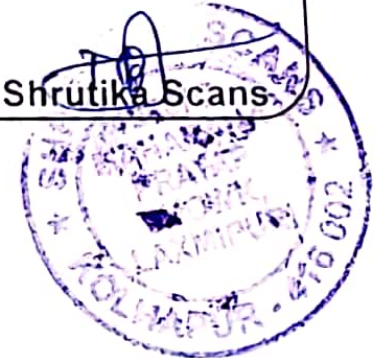
Mode of Payment : **UPI**

For - **Shrutika Scans**



Shrikant

10-05-2024



Claimed for - The New India Assurance Co. Ltd  
under Capgemini Policy