

**Invoice Cum Receipt**

UHID : AIHT.3082  
Patient Name : Mr. T SUBBA RAO  
Age/Sex : 77 Year(s) / Male

Bill Date : 20/02/2023 10:20AM  
Bill No : OHCS16785  
Receipt No : HTRC14777  
Ordered By : Kalashikam KranthiKumar  
GSTNo : 36AADCD8508L3ZB  
Mobile No : 9848229925

Patient Address : FLAT NO 202, PLO NO . 406, KPHB COLONY  
KPHB Colony, Hyderabad, Telangana, 500085

Sl.No	Services	Qty	Price (Rs.)	Tax Amt(Rs.)	Amount(Rs.)
1	Consultation charges Dr. Kalashikam KranthiKumar (Initial Visit)	1	650	0	650

Bill Amount (Round off)

Paid by Patient (Round off)

650

650

Sum of Rs. 650.00 received with thanks from Mr. T SUBBA RAO

**Payment Mode(s)**

DC for Rs. 650(DC No. :XXXXXXXXXX9247, Card Type : VISA )



# Asian Institute of Nephrology & Urology Pvt. Ltd

# 1-92/1/24/A, Opp. Butta Convention, Hitech City - KPHB Main Road, Madhapur,  
Hyderabad - 500 084, Tel: +91 40 679 6727 / +91 7448313131

## PHARMACY(IP/OP)\_HT - Tax Invoice

**UHID.** : AIHT.3082  
**Patient Name** : Mr. T. SUBBA RAO  
**Age/Sex** : 77 Year(s) / Male

**Bill Date** : 20-Feb-2023 10:46 am  
**Bill No/Receipt No** : 12605/6135  
**Referred By** : Kalashikam KranthiKumar

Sno	ItemName/MFR /info	HSN	Qty	Batch No	Expiry	MRP	Price	SGST %	SGST	CGST%	CGST	Amount
1	SOBISIS FORTE 1000 MG TAB LA RENONILA RE	30049032	18	D221390	Nov-24	64.00	1,028.57	6.00	61.71	6.00	61.71	1,152.00
2	APTIVATE - SYRP LUPIN LTDOTHER	111111	1	A22137S D	Aug-24	145.00	129.46	6.00	7.77	6.00	7.77	145.00

**Total**

1,297.00

**Net Amount**

1,297.00

**Total SGST**

69.48

**Total CGST**

69.48

**Amount :**

1,297.00

**Balance**

CC for Rs. 1297.000 (CC No. :XXXXXXXXXXXX0000, Card Type : MASTERO )

0.00

**DL No. :** NDPS-2/TS/RR/2021-73477

**GST No. :** 36AADCD8508L3ZB

**ST No/ TIN No**

**CST No :**

**CIN No :**

# Asian Institute of Nephrology & Urology Pvt. Ltd

# 1-92/1/24/A, Opp. Butta Convention, Hitech City - KPHB Main Road, Madhapur,  
Hyderabad - 500 084, Tel: +91 40 679 6727 / +91 7448313131

## PHARMACY(IP/OP)\_HT - Tax Invoice

**UHID.** : AIHT.3082  
**Patient Name** : Mr. T SUBBA RAO  
**Age/Sex** : 76 Year(s) / Male

**Bill Date** : 18-Nov-2022 10:35 am  
**Bill No/Receipt No** : 8779/4118  
**Referred By** : Kalashikam KranthiKumar

Sno	Item Name	HSN	Qty	Batch No	Expiry	MRP	Price	SGST %	SGST	CGST%	CGST	Amount
1	SOBISIS FORTE TAB	30049032	6	D221269	Aug-24	64.00	342.86	6.00	20.57	6.00	20.57	384.00
<b>Total</b>												384.00
<b>Net Amount</b>												384.00
<b>Total SGST</b>												20.57
<b>Total CGST</b>												20.57
<b>Amount :</b>												384.00

### Balance

CC for Rs. 384.000 (CC No. :XXXXXXXXXXXX0000, Card Type : MASTERO )

**DL No. :** NDPS-2/TS/RR/2021-73477

**GST No. :** 36AADCD8508L3ZB

**ST No/ TIN No** :

**CST No :**

**CIN No :**

0.00

## Invoice Cum Receipt

**UHID** : AIHT.3082 **Bill Date** : 18/11/2022 10:13AM  
**Patient Name** : Mr. T SUBBA RAO **Bill No** : OHCS11044  
**Age/Sex** : 76 Year(s) / Male **Receipt No** : HTRC9716  
**Referred By** : SELF  
**GSTNo** : 36AADCD8508L3ZB  
**Patient Address** : FLAT NO 202, PLO NO . 406, KPHB COLONY  
KPHB Colony, Hyderabad, Telangana, 500085 **Mobile No** : 9848229925

Sl.No	Services	Qty	Price (Rs.)	Tax Amt(Rs.)	Amount(Rs.)
1	Consultation charges Dr. Kalashikam KranthiKumar (Initial Visit)	1	650	0	650

**Bill Amount (Round off)** : 650  
**Paid by Patient (Round off)** : 650

Sum of Rs. 650.00 received with thanks from Mr. T SUBBA RAO

## Payment Mode(s)

DC for Rs. 650(DC No. :XXXXXXXXXXXX9247, Card Type : VISA )



## Invoice Cum Receipt

**UHID** : AIHT.3082  
**Patient Name** : Mr. T SUBBA RAO  
**Age/Sex** : 76 Year(s) / Male  
**Patient Address** : FLAT NO 202, PLO NO . 406, KPHB COLONY  
, KPHB Colony, Hyderabad, Telangana, 500085  
**Bill Date** : 20/07/2022 09:53AM  
**Bill No** : OHCS4606  
**Receipt No** : HTRC4097  
**Referred By** : self  
**Mobile No** : 9848229925

Sl.No	Services	Qty	Price (Rs.)	Tax Amt(Rs.)	Amount(Rs.)
1	Consultation charges Dr. Kalashikam KranthiKumar (Initial Visit)	1	650	0	650

**Bill Amount** : 650.00  
**Paid by Patient** : 650.00

Sum of Rs. 650.00 received with thanks from Mr. T SUBBA RAO

## Payment Mode(s)

DC for Rs. 650.000(DC No. :XXXXXXXXXXXX4566, Card Type : VISA )



Patient/Next of kin Sign.....

## Invoice Cum Receipt

**UHID** : AIHT.3082 **Bill Date** : 08/06/2022 10:11AM  
**Patient Name** : Mr. T SUBBA RAO **Bill No** : OHCS2368  
**Age/Sex** : 76 Year(s) / Male **Receipt No** : HTRC2110  
**Referred By** : self  
**Patient Address** : FLAT NO 202, PLO NO . 406, KPHB COLONY  
KPHB Colony, Hyderabad, Telangana, 500085 **Mobile No** : 9848229925

Sl.No	Services	Qty	Price (Rs.)	Tax Amt(Rs.)	Amount(Rs.)
1	<b>Consultation charges</b> Dr. KALASHIKAM KRANTHIKUMAR (Initial Visit)	1	650	0	650

**Bill Amount** : 650.00  
**Paid by Patient** : 650.00

Sum of Rs. 650.00 received with thanks from Mr. T SUBBA RAO

**Payment Mode(s)**

DC for Rs. 650.00(DC No. :XXXXXXXXXX9247, Card Type : VISA )



Patient/Next of kin Sign .....



## Invoice Cum Receipt

UHID : AIHT.3082

Patient Name : Mr. T SUBBA RAO

Age/Sex : 76 Year(s) / Male

Patient Address : FLAT NO 202, PLO NO . 406, KPHB COLONY  
,KPHB Colony, Hyderabad, Telangana, 500085

Bill Date : 28/05/2022 10:32AM

Bill No : OHCS1832

Receipt No : HTRC1618

Ordered By : DEEPAK RAGOORI

Mobile No : 9848229925

Sl.No	Services	Qty	Price (Rs.)	Tax Amt(Rs.)	Amount(Rs.)
1	Radiology Services C T KUB PLAIN	1	5000	0	5000

Bill Amount

Paid by Patient

: 5000.00

: 5000.00

Sum of Rs. 5,000.00 received with thanks from Mr. T SUBBA RAO

Payment Mode(s)

DC for Rs. 5000.00(DC No. :XXXXXXXXXX9247, Card Type : VISA )



Patient/Next of kin Sign: .....

## Invoice Cum Receipt

**UHID** : AIHT.3082  
**Patient Name** : Mr. T SUBBA RAO  
**Age/Sex** : 76 Year(s) / Male  
**Patient Address** : FLAT NO 202, PLO NO . 406, KPHB COLONY  
 ,KPHB Colony, Hyderabad, Telangana, 500085

**Bill Date** : 23/05/2022 10:00AM  
**Bill No** : OHCS1578  
**Receipt No** : HTRC1398  
**Referred By** : self  
**Mobile No** : 9848229925

Sl.No	Services	Qty	Price (Rs.)	Tax Amt(Rs.)	Amount(Rs.)
1	<b>Consultation charges</b> Dr. KALASHIKAM KRANTHIKUMAR (Initial Visit)	1	650	0	650

**Bill Amount** : 650.00  
**Paid by Patient** : 650.00

Sum of Rs. 650.00 received with thanks from Mr. T SUBBA RAO

## Payment Mode(s)

DC for Rs. 650.00(DC No. :XXXXXXXXXXXX9247, Card Type : VISA )



Patient/Next of kin Sign.....



## BILL CUM RECEIPT

## Invoice Cum Receipt

**UHID** : AIHT.3082  
**Patient Name** : Mr. T SUBBA RAO  
**Age/Sex** : 76 Year(s) / Male  
**Patient Address** : FLAT NO 202, PLO NO . 406, KPHB COLONY  
 ,KPHB Colony, Hyderabad, Telangana, 500085  
**Bill Date** : 23/05/2022 10:53AM  
**Bill No** : OHCS1590  
**Receipt No** : HTRC1406  
**Ordered By** : KALASHIKAM KRANTHIKUMAR  
**Mobile No** : 9848229925

Sl.No	Services	Qty	Price (Rs.)	Tax Amt(Rs.)	Amount(Rs.)
<b>Laboratory Services</b>					
1	SERUM CREATININE	1	220	0	220
2	RANDOM BLOOD SUGAR	1	215	0	215
3	BLOOD UREA	1	215	0	215
4	Complete Blood Picture -CBP (H)	1	485	0	485
5	Complete Urine Examination (CUE H)	1	200	0	200
<b>Radiology Services</b>					
6	ULTRASOUND WHOLE ABDOMEN	1	1150	0	1150
7	HT-UROFLOWMETRY ✓	1	800	0	800

**Bill Amount** : 3285.00  
**Paid by Patient** : 3285.00

Sum of Rs. 3,285.00 received with thanks from Mr. T SUBBA RAO

**Payment Mode(s)**

DC for Rs. 3285.00(DC No. :XXXXXXXXXX9247, Card Type : VISA )



Patient/Next of kin Sign.....

<b>UHID</b>	: AIHT.3082	<b>Bill Date</b>	: 28/04/2022 10:36AM
<b>Patient Name</b>	: Mr. T SUBBA RAO	<b>Bill No</b>	: OHCS310
<b>Age/Sex</b>	: 76 Year(s) / Male	<b>Receipt No</b>	: HTRC275
<b>Patient Address</b>	: FLAT NO 202, PLO NO . 406, KPHB COLONY ,KPHB Colony, Hyderabad, Telangana, 500085	<b>Ordered By</b>	: KALASHIKAM KRANTHIKUMAR
		<b>Mobile No</b>	: 9848229925

Sl.No	Services	Qty	Price (Rs.)	Tax Amt(Rs.)	Amount(Rs.)
	<b>Laboratory Services</b>				
1	SERUM CREATININE	1	220	0	220

Cashier  
BACHALAKURA PRASANNA KUMAR



## Invoice Cum Receipt

**UHID** : AIHT.3082  
**Patient Name** : Mr. T SUBBA RAO  
**Age/Sex** : 76 Year(s) / Male  
**Patient Address** : FLAT NO 202, PLO NO . 406, KPHB COLONY  
 ,KPHB Colony, Hyderabad, Telangana, 500085

**Bill Date** : 28/04/2022 10:24AM  
**Bill No** : OHCS308  
**Receipt No** : HTRC273  
**Ordered By** : KALASHIKAM KRANTHIKUMAR  
**Mobile No** : 9848229925

Sl.No	Services	Qty	Price (Rs.)	Tax Amt(Rs.)	Amount(Rs.)
1	<b>Consultation charges</b> Dr. KALASHIKAM KRANTHIKUMAR (Initial Visit)	1	650	0	650
2	<b>ADMINISTRATIVE SERVICES</b> Registration Charges	1	50	0	50

**Bill Amount** : 700.00  
**Discount Amt (Patient)** : 50.00  
**Paid by Patient** : 650.00

**Authorised By**

Dr.R.DEEPAK

**Discount Reasons**

Patient Discount in Amount - Patient Discount in Amount

Sum of Rs. 650.00 received with thanks from Mr. T SUBBA RAO

**Payment Mode(s)**

DC for Rs. 650.00(DC No. :XXXXXXXXXXXX9247, Card Type : VISA )



Cashier  
SHIVA KUMAR.B



**BILL CUM RECEIPT**

Name: Mr. T Subba Rao  
Age/Gender: 78 Y M  
Address: Flat No. 202, Plot No. 406, K P H B Colony  
Location: HYDERABAD\_NZ ,TELANGANA  
Doctor: Dr K Kranthi Kumar  
Department: Nephrology  
Rate Plan: HITECH CITY

Bill No: HT-BN2300000695  
Bill Date : 12-04-2022 09:55  
MR No: AINU0095347  
Visit ID: HT-OP2100009472  
Registered Date: 12-04-2022 09:47

Charges	Ord#	Head	Description	Rate	Qty	Amount
12-04-2022	837175	OP Consultation	Dr K Kranthi Kumar	650.00	1.00	650.00
Bill Amount:						650.00

**Received with thanks:** Six Hundred Fifty Rupees only



Print Date and Time: 2022-04-12 09:55 AM

Consultation Valid For 2 Visits Within 10 Days