




GSTIN : 33AAACA5443N3ZN		OP Cash Bill - Bill of Supply		Reference No :	
Name : Mr. MUSTI SOMANATH SARAN		Age : 19Yr 0Mth 0Days		UHID: AC01.0004388767 (QR)	
Guardian Name : S		Sex : Male		 OP Number: CHMOPP6989958 	
Address : S Chennai Tamil Nadu India, CellNo:91-9500085369					
Doctor's Name : SELF REFERRAL		Bill No : CMH-OCS-4815678		Date : 6-Jun-21 Time : 11:47:09	
Speciality :					
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	Non Invasive Procedure(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		
(Cash:850.00, NonCash:0.00)					
No Tax is Payable on Reverse Charge Basis					
Receipt Details: Received with thanks sum of ₹. 850.00 (CASH)					
₹ Eight Hundred Fifty Only From Mr. MUSTI SOMANATH SARAN					
* Denotes Cancelled Services				Authorized Signatory	
(QR) Denotes Quick Registration					
Mr. Hajji Thambi A					
Cashier					
<i>Online Payment access- https://pay.apollohospitals.com</i>					