




GSTIN : 33AAACA5443N3ZN		OP Cash Bill - Bill of Supply		Reference No :	
Name : Mrs. MUSTI SRI LALITHAMBA		Age : 42Yr 0Mth 19Days		UHID: AC01.0004388776 (QR)	
Guardian Name : S		Sex : Female			
Address : S Chennai Tamil Nadu India, CellNo:91-9500085369					
					
Doctor's Name : SELF REFERRAL		Bill No : CMH-OCS-4815684		Date : 6-Jun-21	
Speciality :				Time : 11:48:20	
					
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			(Cash:850.00, NonCash:0.00)		850.00
No Tax is Payable on Reverse Charge Basis Receipt Details: Received with thanks sum of ₹. 850.00 (CASH) ₹ Eight Hundred Fifty Only From Mrs. MUSTI SRI LALITHAMBA					
* Denotes Cancelled Services			Authorized Signatory		
(QR) Denotes Quick Registration					
Mr. Hajji Thambi A					
Cashier					
<i>Online Payment access- https://pay.apollohospitals.com</i>					