

BILL CUM RECEIPT

NH-Jaipur Health City-OPD-GEN-GF



Unit of Narayana Health

Patient Name : MR. VALESH SHARMA (male, 43y 7m)
Patient MRN : E150121010872
Patient Phone No : 9828320222
Address :-

Bill No : INVO-1501-2108006170
Date : 11-08-2021 10:25 AM
Tariff Class : OPD
Consultant : EXT. DOC
Visit No : OP-001

Particulars	Date	Qty	Unit Rate	Amount(Rs)
Administrative				
1. Covishield Vaccination Charges EXT. DOC	11-08-2021	1	630.00	630.00
			Total	630.00

Total Hospital Charges for Rendered Services/Items 630.00
Total Bill Amount Including Taxes before round off 630.00
Sponsor Payable 0.00
Patient Round Off 0.00
Patient Payable 630.00

Amount in words: Rupees Six Hundred Thirty Only

Receipt No.	Receipt Date	Mode	Reference No.	Instrument No.	Instrument Date	Amount
1. RCPO-1501-2108005096	11-08-2021 10:25 AM	CASH	-	-	-	630.00
					Total	630.00

Balance Details
Gross bill amount 630.00
Less Discount 0.00
Sponsor Amount 0.00
Net Amount 630.00
Amount Paid 630.00
Balance To Pay **0.00**

Prepared By: Amit Kumar Tiwari, 339906 | Prepared On: 11-08-2021 10:25 |
Published By: Amit Kumar Tiwari, 339906 | Published On: 11-08-2021 10:26 |

Narayana Multispeciality Hospital

(A unit of Narayana Hrudayalaya Limited) CIN LB5110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Hospital Address: Sector-28, Kumbha Marg, Pratap Nagar, Jaipur 302033

Tel: +91 141 7122 233 | Email: info.jpr@narayanahealth.org | www.narayanahealth.org



Appointments

1800-309-0309 (Toll Free)

Emergencies

99837-32222

BILL CUM RECEIPT

NH-Jaipur Health City-OPD-GEN-GF



Unit of Narayana Health

Patient Name : MRS. AKANSHA SHARMA (female, 38y 7m)
Patient MRN : E150121010871
Patient Phone No : 9828320222
Address :-

Bill No : INVO-1501-2108006166
Date : 11-08-2021 10:24 AM
Tariff Class : OPD
Consultant : EXT. DOC
Visit No : OP-001

Particulars	Date	Qty	Unit Rate	Amount(Rs)
Administrative				
1. Covishield Vaccination Charges EXT. DOC	11-08-2021	1	630.00	630.00
			Total	630.00

Total Hospital Charges for Rendered Services/Items : 630.00
Total Bill Amount Including Taxes before round off : 630.00
Sponsor Payable : 0.00
Patient Round Off : 0.00
Patient Payable : 630.00

Amount in words: Rupees Six Hundred Thirty Only

Receipt No.	Receipt Date	Mode	Reference No.	Instrument No.	Instrument Date	Amount
1. RCPO-1501-2108005093	11-08-2021 10:25 AM	CASH	-	-	-	630.00
						Total 630.00

Balance Details
Gross bill amount : 630.00
Less Discount : 0.00
Sponsor Amount : 0.00
Net Amount : 630.00
Amount Paid : 630.00
Balance To Pay : **0.00**

Prepared By: Amit Kumar Tiwari, 339906 | Prepared On: 11-08-2021 10:24 |
Published By: Amit Kumar Tiwari, 339906 | Published On: 11-08-2021 10:25 |

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