



**PUSHPAWATI SINGHANIA HOSPITAL & RESEARCH INSTITUTE**  
Address : Press Enclave Maro, Sheikh Sarai-II, New Delhi - 110017 Pin Code:110017  
Phone : 011-61426142, 8484848417 Fax: 011-29250548  
E-mail : info@psri.net Website: www.psrihospital.com  
CIN NO: U74899DL1995NPL070915, PAN: AAACP5779Q, GSTIN: 07AAACP5779Q1ZK

**Invoice Receipt OP**

UHID : 282907 Bill No : OPCA24-25/2057153 Payer/Ins. Company : SELF PAY /  
Patient Name : Mr. RAJINDARR ZUTSHII Bill Date Time : 29/07/2024 11:09AM Presc. Doctor : Dr. SANJIV SAXENA  
Gender/Age : Male/56 Yr 6 Mth 6 Days Lab No : Referred By : Self  
Address : Delhi, India

Visit Date : 29/07/2024

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Patient Amt	Payer Amt
<b>DIALYSIS</b>								
1	HEMO DIALYSIS PACKAGE SINGLE USE : DIADLY0004 (Dr. NEPHROLOGY TEAM)	3800.00	1.00	3800.00	0.00	3800.00	3800.00	0.00
Gross Amount								<b>3800.00</b>
Net Amount								<b>3800.00</b>
Payer Amount								<b>0.00</b>
Patient Amount								<b>3800.00</b>
Amt Received (Rs.)								<b>3800.00</b>

By UPI: 3800.00 UPI 8321

**Amount Received in words (Rs) Three Thousand Eight Hundred Only.**

**Shahnawaz Ali**

**Authorised Signatory**

Printed By:jstqhAzINJE=

Prepared By:Shahnawaz Ali

Printed Date:29/07/2024



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E-mail : info@psri.net Website: www.psrihospital.com  
CIN NO: U74899DL1995NPL070915, PAN: AAACP57790, GSTIN: 07AAACP5779012K

**Invoice Receipt OP**

UHID : 282907 Bill No : OPCA24-25/2058764 Payer/Ins. Company : SELF PAY /  
Patient Name : Mr. RAJINDARR ZUTSHII Bill Date Time : 01/08/2024 11:10AM Presc. Doctor : Dr. SANJIV SAXENA  
Gender/Age : Male/56 Yr 6 Mth 9 Days Lab No : Referred By : Self  
Address : Delhi, India  
Visit Date : 01/08/2024

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Payer Amt	Payer Amt
<b>DIALYSIS</b>								
1	HEMO DIALYSIS PACKAGE SINGLE USE : DIADLY0004 (Dr. NEPHROLOGY TEAM)	3800.00	1.00	3800.00	0.00	3800.00	3800.00	0.00
Gross Amount							<b>3800.00</b>	
Net Amount							<b>3800.00</b>	
Payer Amount							<b>0.00</b>	
Patient Amount							<b>3800.00</b>	
Amt Received (Rs.)							<b>3800.00</b>	

By UPI: 3800.00 UPI 5415

**Amount Received in words (Rs ) Three Thousand Eight Hundred Only.**

**Shahnawaz Ali**

**Authorised Signatory**

Printed By:jstqhAzinJE=

Prepared By:Shahnawaz Ali

Printed Date:01/08/2024



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CIN NO: U74899DL1995NPL070915, PAN: AAACP5779Q, GSTIN: 07AAACP5779Q1ZK

**Invoice Receipt OP**

UHID : 282907 Bill No : OPCA24-25/2060829 Payer/Ins. Company : SELF PAY /  
Patient Name : Mr. RAJINDARR ZUTSHII Bill Date Time : 05/08/2024 5:43PM Presc. Doctor : Dr. SANJIV SAXENA  
Gender/Age : Male/56 Yr 6 Mth 13 Days Lab No : 503485 Referred By : Self  
Address : Delhi, India  
Visit Date : 05/08/2024

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Payer Amt	Payer Amt
<b>ULTRASOUND</b>								
1	THERAPEUTIC ASP. PLEURAL/ASCITIC FLUID : IMGULT0041	6720.00	1.00	6720.00	0.00	6720.00	6720.00	0.00
Gross Amount								<b>6720.00</b>
Net Amount								<b>6720.00</b>
Payer Amount								<b>0.00</b>
Patient Amount								<b>6720.00</b>
Amt Received (Rs.)								<b>6720.00</b>

By UPI: 6720.00 UPI 421894033316

**Amount Received in words (Rs ) Six Thousand Seven Hundred Twenty Only.**

**Shweta Sharma**  
**Authorised Signatory**  
Printed Date:05/08/2024

Printed By:jstqhAzINjE=

Prepared By:Shweta Sharma



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**Invoice Receipt OP**

UHID : 282907 Bill No : OPCA24-25/2063977 Payer/Ins. Company : SELF PAY /  
Patient Name : Mr. RAJINDARR ZUTSHII Bill Date Time : 12/08/2024 11:29AM Presc. Doctor : Dr. NEPHROLOGY TEAM  
Gender/Age : Male/56 Yr 6 Mth 20 Days Lab No : Referred By : Self  
Address : Delhi, India  
Visit Date : 12/08/2024

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Payer Amt	Payer Amt
<b>DIALYSIS</b>								
1	HEMO DIALYSIS PACKAGE SINGLE USE : DIADLY0004 (Dr. NEPHROLOGY TEAM)	3800.00	1.00	3800.00	0.00	3800.00	3800.00	0.00
Gross Amount							<b>3800.00</b>	
Net Amount							<b>3800.00</b>	
Payer Amount							<b>0.00</b>	
Patient Amount							<b>3800.00</b>	
Amt Received (Rs.)							<b>3800.00</b>	

By UPI: 3800.00 UPI 8143

**Amount Received in words (Rs ) Three Thousand Eight Hundred Only.**

**Shahnawaz Ali**

**Authorised Signatory**

Printed By:jstqhAzinJE=

Prepared By:Shahnawaz Ali

Printed Date:12/08/2024



**PUSHPAWATI SINGHANIA HOSPITAL & RESEARCH INSTITUTE**  
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**Invoice Receipt OP**

UHID : 282907 Bill No : OPCA24-25/2064332 Payer/Ins. Company : SELF PAY /  
Patient Name : Mr. RAJINDARR ZUTSHII Bill Date Time : 12/08/2024 4:18PM Presc. Doctor : Dr. NRIPEN SAIKIA  
Gender/Age : Male/56 Yr 6 Mth 20 Days Lab No : Referred By : Self  
Address : Delhi, India  
Visit Date : 12/08/2024

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Payer Amt	Patient Amt	
<b>CONSULTATION</b>									
1	SUBSEQUENT VISIT OPD DR NRIPEN SAIKIA : OPDSVI0005 (Dr. NRIPEN SAIKIA)	1200.00	1.00	1200.00	0.00	1200.00	1200.00	0.00	
Gross Amount							<b>1200.00</b>		
Net Amount							<b>1200.00</b>		
Payer Amount							<b>0.00</b>		
Patient Amount							<b>1200.00</b>		
Amt Received (Rs.)							<b>1200.00</b>		

By UPI: 1200.00 UPI 422505423023

**Amount Received in words (Rs) One Thousand Two Hundred Only.**

**Shweta Sharma**

**Authorised Signatory**

Printed By:jstqhAzINJE=

Prepared By:Shweta Sharma

Printed Date:12/08/2024



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**Invoice Receipt OP**

UHID : 282907 Bill No : OPCA24-25/2065543 Payer/Ins. Company : SELF PAY /  
Patient Name : Mr. RAJINDARR ZUTSHII Bill Date Time : 15/08/2024 11:58AM Presc. Doctor : Dr. SANJIV SAXENA  
Gender/Age : Male/56 Yr 6 Mth 23 Days Lab No : Referred By : Self  
Address : Delhi, India

Visit Date : 15/08/2024

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Payer Amt	Patient Amt
<b>DIALYSIS</b>								
1	HEMO DIALYSIS PACKAGE SINGLE USE : DIADLY0004 (Dr. NEPHROLOGY TEAM)	3800.00	1.00	3800.00	0.00	3800.00	3800.00	0.00
							Gross Amount	<b>3800.00</b>
							Net Amount	<b>3800.00</b>
							Payer Amount	<b>0.00</b>
							Patient Amount	<b>3800.00</b>
							Amt Received (Rs.)	<b>3800.00</b>

By UPI: 3800.00 UPI 8633

**Amount Received in words (Rs ) Three Thousand Eight Hundred Only.**

**Shahnawaz Ali**

**Authorised Signatory**

Printed By:jstqhAzinJE=

Prepared By:Shahnawaz Ali

Printed Date:15/08/2024



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**Invoice Receipt OP**

UHID : 282907 Bill No : OPCA24-25/2066386 Payer/Ins. Company : SELF PAY /  
Patient Name : Mr. RAJINDARR ZUTSHII Bill Date Time : 17/08/2024 2:51PM Presc. Doctor : Dr. SANJIV SAXENA  
Gender/Age : Male/56 Yr 6 Mth 25 Days Lab No : 509064 Referred By : Self  
Address : Delhi, India  
Visit Date : 17/08/2024

SNo.	Particulars	Rate (₹)	Unit	Total	Disc.	Net Amt	Payer Amt	Patient Amt
<b>ULTRASOUND</b>								
1	THERAPEUTIC ASP. PLEURAL/ASCITIC FLUID : IMGULT0041	6720.00	1.00	6720.00	0.00	6720.00	6720.00	0.00
Gross Amount							<b>6720.00</b>	
Net Amount							<b>6720.00</b>	
Payer Amount							<b>0.00</b>	
Patient Amount							<b>6720.00</b>	
Amt Received (Rs.)							<b>6720.00</b>	

By UPI: 6720.00 UPI 45964594742

**Amount Received in words (Rs ) Six Thousand Seven Hundred Twenty Only.**

Printed By:jstqhAziNjE=

Prepared By:HARSHITA

**HARSHITA**

**Authorised Signatory**

Printed Date:17/08/2024