Billing & Receipts (Format)

IPD Registration Slip



SECTOR - 14 EXTN Rithala, DELHI - 110085 Contact No: 011-11111111111 Email: mahavirhospital@yahoo.co.in

IPD Registration

IPD No : 11 **UHID** : 17 Name : MASTER. ANUJ

S/D/W/O : Mr. PARAKASH Age/Gender/Marital : 23Y/Male/Single

Mobile No/Blood GP : 444444444/NA Address : DELHI

Nationality : Indian

Panel Name : NA Billing Category : Cash

Allocation : Private Room

Department : DERMATOLOGY

Consult Doctor : Dr. Lokesh Vijay Referral : NA

Admission Date : 14-Apr-2019 06:02:04PM

Name & Sign. of Admitting Staff

Undertaking

I/We undersigned by name Mr. () related to patient hereby authorise Dr. Lokesh Vijay all Medical, Nursing and Para-Medical of this hospital to administer and his related diagnostic Examination, such treatment & investigation and also to perform any such operation or such additional investigations, procedures which are considers as necessary in the course of treatment. I also give my consent for

are considers as necessary in the course of treatment. I also give my consent for the administration of any type of Anaesthesia & Procedure of necessary in the course of treatment. I also give my consent for the administration of any type of Anaesthesia & Procedure of necessary in the course of treatment. I also give my consent for the explained by admitting Consultant the reason, advantages & Complains of the above treatment and that no guarantee has been made to the outcome obtained.

Money/Valuables I bring to the hospital are my own responsibility & hospital in no way is responsible in case of loss or damage of money & valuable. My family & I have also read and understood the hospital tariff, Rules & regulation. I also understand that no credit facility will be given, unless a letter of Authority from any Agency or party taking responsibility on behalf of the person and is accepted by the Hospital. I undertake to clear all bills presented to me by the hospital prior to the discharge of my patient. It is my legal and moral duty to do so. I also undertake to pay in term bills & when presented to me.

The Hospital has a policy of advance deposit. Please ensure that your patient remains in credit. Kindly cooperate by collecting your patient's provisional account statement every alternate day from the billing counter before 12 noon, otherwise it would be sent to the patient's room after 12 noon. Please ensure that the required amount is deposited by 2:00 PM

Admission without advance Authorised

Date: 14-Apr-2019 User Name: Soft

Sign by Patient Attendant

IPD Payment Slip



SECTOR - 14 EXTN Rithala, DELHI - 110085

IPD Payment Receipt

Patient Details: - UHID:21

IPD : 13 Invoice No : 17

Name : Mr. MANOJ KUMAR Date & Time: 19-Apr-2019 04:05:40 PM

Age : 23Y Mobile No. : 9898989898 Gender : Male Comp. Operator : Soft

S. No.	Particular	Mode	Amount (Rs)
1	Advance Payment	Cash	10,000.00

Received with thanks Rs.10000/- from Mr. MANOJ KUMAR.

Authorized Signature

IPD Summary Bill & Detailed Bill



SECTOR - 14 EXTN Rithala, DELHI - 110085 Contact No: 011-11111111111 Email: mahavirhospital@yahoo.co.in

IPD Bill Summary

IPD No : 13

Patient Name : Mr. MANOJ KUMAR
Father/Guardian : Mr. SURAJ KUMAR
Age/Gender/Marital : 23Y/Male/Single

Bill No : 12 Date : 19-Apr-2019

Payer Name: NA

Consultant Doctor : Dr. Shiv Kumar Admission Date: 14-Apr-2019 09:08:04PM Discharge Date: NA

S No.	Code	Particular	Rate (Rs)	Unit	Amount (Rs)
1	ACC04	Private Room	5000	3	15,000.00
2	N01	Nursing Care Charges	300	1	300.00
3	DV-20	Dr Sushil Vijay General Visit	400	3	1,200.00
4	DV-18	Dr Mohan Kundal General Visit (icu)	700	1	700.00
5	DV-13	Dr. Rochak Gupta General Visit (icu)	700	1	700.00
6	V02	Consultant's Visit Charges	400	2	800.00
7	FD01	Food Charges	250	2	500.00
8	LAB-1	17-alpha Hydroxy Progesterone (17- OHP)	100	1	100.00
9	LAB-10	Adenosine Deaminase (ADA)	600	1	600.00
		Total Bill	Amount (R	ls)	19,900.00
		Amount Paid by !	Member (R	ls)	10,000.00
		Balance Payable	Amount (R	ts)	9,900.00

-: Amount Deposited: -

S.No.	Date	Receipt No.	Amount (Rs)
1	19-Apr-2019	17	10,000.00
	Total	1 Amount Boid	10 000 00

Patient/Attendant Signature

(soft) Authorised Signatory



SECTOR - 14 EXTN Rithala, DELHI - 110085 Contact No: 011-11111111111 Email: mahavirhospital@yahoo.co.in

Patient Details -: UHID: 21

IPD No : 13

Patient Name : Mr. MANOJ KUMAR
Pather/Guardian : Mr. SURAJ KUMAR
Age/Gender/Marital : 23Y/Male/Single Address : NOIDA

Bill No : 12 Date : 19-Apr-2019 Payer Name : NA

Consultant Doctor : Dr. Shiv Kumar Admission Date: 14-Apr-2019 09:08:04PM

Discharge Date: NA

S.No.	Date	Code	Particular	Rate (Rs)	Unit	Amount (Rs)
Room	Charges					
1			Private Room	5000	1	5,000.0
2	15-04-2019	ACC04	Private Room	5000	1	5,000.0
3	16-04-2019	ACC04	Private Room	5000	1	5,000.0
			Tot	al Amount	(Rs)	15,000.0
Nurs	ing Charges					
1	15-04-2019	NO1	Nursing Care Charges	300	1	300.0
		•	Tot	al Amount	(Rs)	300.0
Doct	or Visit Cha					
1	14-04-2019			400	1	400.0
2	14-04-2019	DV-20	Dr Sushil Vijay General Visit	400	1	400.0
3	15-04-2019	DV-18	Dr Mohan Kundal General Visit (icu)	700	1	700.0
4	15-04-2019	DV-13	Dr. Rochak Gupta General Visit (icu)	700	1	700.0
5	16-04-2019	DV-20	Dr Sushil Vijay General Visit	400	1	400.0
			Tot	al Amount	(Rs)	2,600.0
Prof	essional Fee	15				•
1	14-04-2019	V02	Consultant's Visit Charges	400	1	400.0
2	15-04-2019	V02	Consultant's Visit Charges	400	1	400.0
			Tot	al Amount	(Rs)	800.0
Food	Charges					
1	14-04-2019	FD01	Food Charges	250	1	250.0
2	15-04-2019	FD01	Food Charges	250	1	250.0
		•	Tot	al Amount	(Rs)	500.0
	tigations Ch	arges				
Patho.	logy					
1	14-04-2019	LAB-1	17-alpha Hydroxy Progesterone (17-OHP)	100	1	100.0
2	14-04-2019	LAB- 10	Adenosine Deaminase (ADA)	600	1	600.0
			Tot	al Amount	(Rs)	700.0
			Total Bi	11 Amount	(Rs)	19,900.0
			Amount Paid	by Member	(Rs)	10,000.0
			Balance Payab	le Amount	t (Rs)	9,900.0

:Amount	Deposited: -

S.No.	Date	Receipt No.	Amount	(Rs)
1	19-Apr-2019	17		10,000.00
	Tota	1 Amount Paid		10,000.00

IPD Investigation Receipts



SECTOR - 14 EXTN Rithala, DELHI - 110085 Contact No: 011-111111111111 Email: mahavirhospital@yahoo.co.in

IPD Investigation(s) Receipt

Invoice No : 26 Date: 19-Apr-2019

Department : Pathology Payment Mode : IPD Credit

Name : Mr. RAVI / UHID : 9 IPD No. 12

Address: NOIDA Mobile No./Age:: 9999999999/23Y

S. No.	Code	Particular (Pathology)	Rate (Rs)	Unit	Amount (Rs)
1	LAB-101	Catecholamines	3400	1	3,400.00
2	LAB-104	Ceruloplasmin	1100	1	1,100.00
3	LAB-173	Epstein Barr Virus EA IgM	2235	1	2,235.00
4	LAB-174	Epstein Barr Virus VCA IgA	2235	1	2,235.00
5	LAB-177	Erythrocyte Count (RBC Count)	145	1	145.00
Total					

 $Rs.9115/ ext{-}$ for investigation(s) has been credited into the IPD Bill of $Mr.\ RAVI$

Authorized Signature

OPD Investigation Receipts



SECTOR - 14 EXTN Rithala, DELHI - 110085 Contact No: 011-111111111111 Email: mahavirhospital@yahoo.co.in

Investigation(s) Payment Receipt

Date: 19-Apr-2019 04:35:32 PM
Department: Pathology
Invoice No: 27 / UHID: 2
Consultant Dr.: NA
Name: Mr. AVINASH
TPA/Panel: NA
Pathon/Hubband: Mr. SUCAM

Father/Husband : Mr. SUGAM Payment Type: Cash
Age / Mobile: 23Y / 2222222222 Comp Operator: soft

s.	Code	Particular	Amount (Rs)		
No.	Code	Farticular	Amount (Ks)		
1	LAB-34	Ammonia	1,710.00		
2	LAB-36	Amylase	400.00		
3	LAB-43	Anti ds-DNA Antibody	950.00		
		Total (Rs)	3,060.00		

Received with thanks Rs.3060/- from Mr. AVINASH.

Authorized Signature



SECTOR - 14 EXTN Rithala, DELHI - 110085 Contact No: 011-11111111111 Email: mahavirhospital@yahoo.co.in

Day Care Payment Receipt

Invoice No: 60/ UHID:1 Date & Time: 19-Apr-2019 04:16:24 PM

Name : Mr. AMAN KUMAR TPA / Panel : NA **Age/Mobile No:** 23Y / 9999999999 Payment Type: Cash Department: DENTAL Comp. Operator : Soft

Consultant Dr.: NA

S.No.	Code	Particular	Rate (Rs)	Unit	Amount (Rs)	
1	174	Flap Operation per quadrant	360	1	360.00	
2	179	splints/Cirucum mandibular wiring under GA		1	990.00	
3	180	180 Internal wire fixation/plate fixation of Maxilla under LA 3000 1		1	3,000.00	
	Total Bill Amount (Rs)					
	Amount Paid(Rs)					
	Total Amount Paid (Rs)					
	Balance Amount (Rs)					

Authorized Signature

Barcoded Slips

IPD No:1 / UHID:1 26-Mar-2019 08:15:03PM

Payer: CGHS Mr.AMAN KUMAR

23Y/ 9999999999 Doctor: Dr. Hitesh Agarwal

IPD No:1 / UHID:1 26-Mar-2019 08:15:03PM

Payer: CGHS Mr.AMAN KUMAR

23Y/ 9999999999 Doctor: Dr. Hitesh Agarwal

IPD No:1 / UHID:1 26-Mar-2019 08:15:03PM

Payer: CGHS Mr.AMAN KUMAR 23Y/ 9999999999

Doctor: Dr. Hitesh Agarwal

IPD No:1 / UHID:1 26-Mar-2019 08:15:03PM

Mr.AMAN KUMAR 23Y/ 9999999999

Doctor: Dr. Hitesh Agarwal

IPD No:1 / UHID:1 26-Mar-2019 08:15:03PM

Payer: CGHS Mr.AMAN KUMAR 23Y/ 9999999999

Doctor: Dr. Hitesh Agarwal

IPD No:1 / UHID:1 26-Mar-2019 08:15:03PM

Payer: CGHS Mr.AMAN KUMAR 23Y/ 9999999999

Doctor: Dr. Hitesh Agarwal

IPD No:1 / UHID:1 26-Mar-2019 08:15:03PM

Payer: CGHS Mr.AMAN KUMAR 23Y/ 9999999999

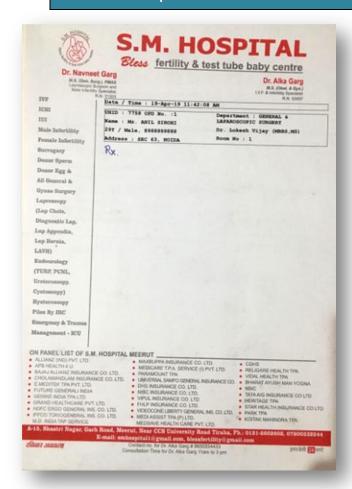
Doctor: Dr. Hitesh Agarwal

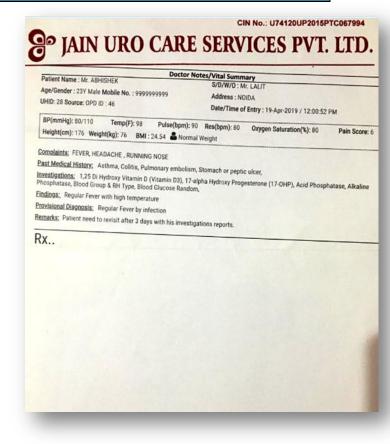
IPD No:1 / UHID:1 26-Mar-2019 08:15:03PM

Payer: CGHS Mr.AMAN KUMAR 23Y/ 9999999999

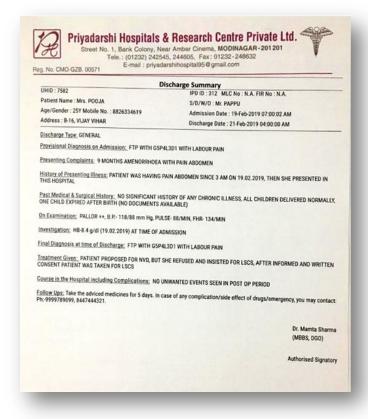
Doctor: Dr. Hitesh Agarwal

OPD Prescription & EMR

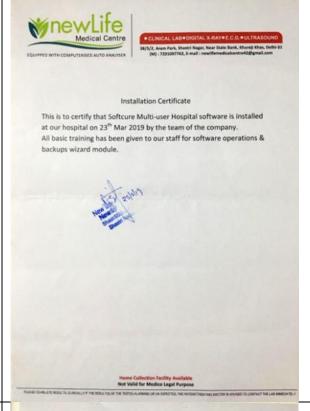


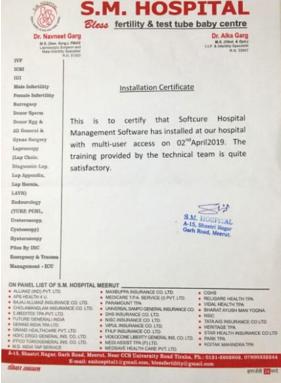


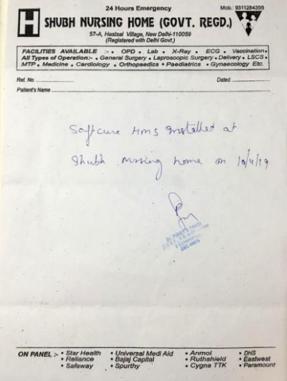
Discharge Summary

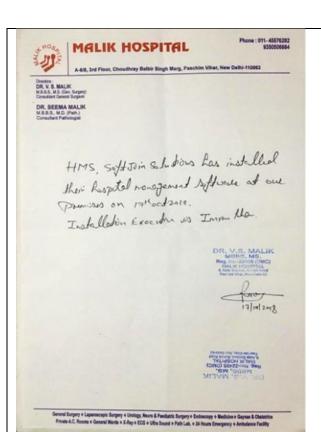


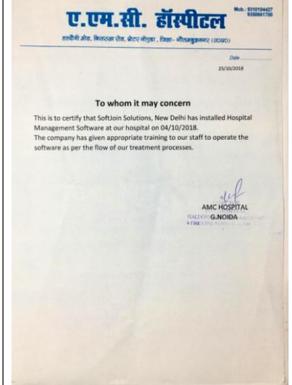
ा० अमिल कुमार सिंह नामगंगा आई हिल्थ (मी.मी.एस. अस्तरपत), एच.एस. आलपुर) ह विकित्सक एवं फेको सर्वा लूर्ड फेले व पराम्ब्री विकित्सक सार पेत्र विकित्सक्त, नेपास) कि गंo UP-41859 अमर शिंड मार्ग, निकट रेड सीमायर आशिकाच-1, मुटाउमाद प्रोण: 8891-2452367 #0 40 : 9456078593, 9719653997 Reds Ø €/O.Y / 2-4/9 softcure Hims has installed at NE C out premises on orly/2019, modey at Ashieva - I, Moradabad (U.P.) कृप्या मिलने का रामय सुनितिषत कर लें । पर्य संबंध : क्षेत्र से क्षित्र सम्बद्ध वटानार्थ तावद : शुक्त 10:30 करे से 2 करे तक साम 6:30 करे से 3 करे तक Not for Medicolegal purpose Sunday closed - Only emergency S.M. HOSPITAL Bless fertility & test tube baby centre ICSI Installation Certificate Male Infertility

















Meerut Critical Care Hospital

L-637, Shastri Nagar, Hapur Road, Meerut. Ph.: 0121-2708090, 9759230510, 9412622224

02/12/2012

Facilities

- 100 Beded Hospital
 Centrally Arconditioned
 Multispeciality O.P.D.
 24 hours Ambulance
 Burr Unit
 Radiology (CT Scan, U.S.G.,
 Colour Doppler 4D, Digital X-Ray)
 Physiotherapy
 Gyrecolory
 Gyrecolory

- Gynecology Blood Bank (Component Whole Blood, Platelet Pharesis)
- Neurology (E.E.G., E.M.G., E.C.V.)

- (E.E.G., E.M.G., E.C.V)
 Advance Trauma Management
 Critical Care
 (State-of-the art I.C.U.)
 Neurosurges
 (Microspies)
 (Micros

Cashless Facility is Available

MCC Hospital, Meerut has taken services Softcure HMS on 01st Sep. 2017. Software is

covering OPD & IPD modules with TPA billing management. The technical training & support is providing by the Meerut franchisee of this company is quite satisfactory.



DR SAINI ORTHOPAEDIC SUPERSPECIALITY CENTER

43/5, Sector-5, Jagriti Vihar (Opp. Medical College), Meerut Ph.: 0121-2579878 Mob.: 9068251299, 9536665456

Dr. M. C. Saini M.S. (Ortopaedice)

Consultant & Anthroscopic & Ex. Anthroscopic Surgeon P. D. National Hindup Hospital (Mumbal)



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VISITING SENIOR SURGEON IN ANAND HOSPITAL

उपलब्ध सुविधार्वे

पूर्णान विधि क्रय जोड़ी की जीव एवं उत्तवार वैशे-कतने में बुटने का लड़कड़ाना या तथक तेना (ACL/PCL लिंगमेन्ट टूटन) 1

योट व ऑपरेशन के कर ओइ/बुटने का जान होना

1 कन्ते वा बार - बार जोड़ से विशवना ।

नोड़ के चारों और जरित प्रेक्पर सभी प्रकार के रोड एक्सीडेन्ट इन्जरीन

एमरर्जेंसी सेवा 24 घंटे

ब्हारता एवं पुटना बदराना

Training Certificate

Softcure Hospital Software team has given the technical training for handling EMR & patient's billing with HMS Software. The hospital is planning to implement this software for overall activities of administration in the liospital.



Mob: 6397113022,6399663666

c/o Dr 1827. | Nelp Line 24 Nrs. 9%: 0121-2579878 Moh; 9068251299, 9536665456

This prescription is not valid for Medicologal purpose बोट- वह वर्ष बंबल की दिले के जिले कर है।

अत्यापुनिक मशीनों के द्वारा मेरठ का पहला ऑर्योस्कॉपिक एवं स्पोर्ट्स इन्जरीज़ सैन्टर



Priyadarshi Hospitals & Research Centre Private Ltd.

Tele: (01232) 242545, 244005, Fax: 01232 248632 E-mail: priyadarshihospita95 @ gmail.com

Firg. No. CMO-02B. 00571



To whom it may concern

Priyadarshi Hospital, Modinagar (Ghaziabad) is using Softcure Hospital Software since Feb,2018 for Patient EMR & Billing processes for handling TPA/Panels. The software is easy to use with good support by the software team.





MEDIVERVE HOSPITAL

& ADVANCED OBSTETERICS, GYNAECOLOGY & INFERTILITY CENTER

(Run By : Vishri Healthcare Pvt. Ltd.)

C-13/5 Jagrati Vihar, Garh Road, Opp. 1st Gate of LLRM Medical College, Meerut Email: contact@mediverve.com | Web: www.mediverve.com

To whom it may concern

Mediverve Hospital, Meerut has taking services of Softcure HMS from the day of inauguration of the hospital. Software is covering OPD & IPD modules with TPA billing management. The technical training & support is providing by the Meerut franchisee of this company.



Capt. Dr. I.A. Khan



Ref. No. 47 .56

Date 52/20/2017

Appreciation Certificate

Softcure Hospital Software is doing good job for upgrading patient's healing & treatment processes by covering OPD & IPD modules with TPA-cashless billing management. Their step in health care sector is quite admirable. We wish him for the success in their future endeavor.





Ruin by Jain Uro Care Services Pvt. Ltd. CIN No.: U74126UP2615PTC067994

Installation Certificate

Vardhman Hospital & Research Center, Meerut has taken services of Softcure HMS on 02nd Jan 2019. Software is covering OPD & IPD modules with TPA billing management. The technical training & support providing by the this company is quite admirable.

694/2, Shastri Nagar, Near PNB, RTO Road, Meenst (U.P.) Ph.: 0121-2601606, 7055603622 Email: vardtmanhospitalmeenst@gmail.com, Website: veve vardhmanhospitalmeenst in