

# YaraGo Software Pvt. Ltd

**ADDRESS:- #304, 2nd Floor, Oxford House, Rustam Bagh Main Road,  
Kodihalli Bangalore - 560017**

## IPD Invoice / Receipt

<b>Invoice No. :</b> /IPD/15/5/2024/5911	<b>UHID No :</b> 216690
<b>Date &amp; Time :</b> 15-05-2024 at 01:06 PM	<b>Day Care No. :</b> /24/6332
<b>Name :</b> Mr.Yarago Test Demo One	<b>Address :</b> Kozhikode, New Mavi Road, Near Dr Sreekanth Eye Care, Kerala-0
<b>Surgeon :</b> Dr.Sreekanth Karat (18622)	<b>Contact No. :</b> 7338030318
<b>Account Beneficiary :</b> Mr.YARAGO TEST DEMO ONE	
<b>Date of Admission :</b> 16-04-2024 at 12:30 PM	<b>Date Of Discharge :</b> 17-04-2024 at 05:15 PM
<b>Date of Surgery :</b> 13-04-2024 at 04:21 PM	
<b>Payer Name :</b> MEDISEP	<b>TPA Name :</b> MEDISEP
<b>Policy Number :</b> 789	<b>TPA Number / Health Card Number :</b> 123456

### Left Eye - CATARACT - ANAESTHESIA CATARACT 1

Sl No.	Particulars	Amount(₹)
1	ROOM CHARGE	500
2	NURSING CHARGE	500
3	OT CHARGE (Drugs and Consumables)	3000
4	OT CHARGE (Equipment-PHACO)	5000
5	IOL CHARGE	4300
6	PROFESSIONAL CHARGE	2800

**Total Package Amount (₹) :**

16100.00

**Discount Amount (₹) :** 0.00

**Amount Paid (₹) :** 8100.00

**Terms And Conditions :** NB: **Rs 8100.00/-**(Rupees Eight Thousand One Hundred.) was directly collected from Patient. Rest amount i.e, **Rs 8000.00/-** (Rupees Eight Thousand .) will be claim from **MEDISEP** to Dr Sreekanth Eye Care

**Advance Paid (₹) :** 0.00

**Amount In Words :** *Rupees Eight Thousand One Hundred.*

Kala

Authorised Signatory

Patient's Signature/Attendant's Signature