प्रेषक,

मुख्य चिकित्सा अधीक्षक
जिला संयुक्त चिकित्सालय
बागपत।

सेवा में,

पीठासीन अधिकारी
मोटर दुर्घटना दावा अधिकरण, बागपत।

पत्रांक संख्याः— सी0एम0एस0/चिकित्सा प्रतिपूर्ति/2023—24/279 दिनांकः— 06.12.2023

विषयः— चिकित्सा प्रतिपूर्ति दावे का परीक्षण उपरान्त प्रतिहस्ताक्षरित करने के सम्बन्ध में।

महोदय,

आपके कार्यालय के पत्र संख्या **5441**/एम0ए0ई0टी0/बागपत/2023—24 दिनांक 05.12.2023 के सन्दर्भ में श्री /श्रीमति **डा0 विदुषी (पीठासीन अधिकारी)** स्वंय/उनके/अश्रित **स्वंय** के ऊपर रूपया **8,385/**—को शासनदेश सं0 350/9—98—194/8टी0आर0 दिनांक 27.02.204, शासनदेश सं0 1209/पाँच—6—2004—294 टीसी चिकित्सानुभाग—6 दिनांक 09.08.2004, शासनदेश सं0 2275/5—6—11—1082/87 लखनऊ, दिनांक 20,सितम्बर ,2011 एवं शासनदेश सं0 474/पाँच—6—2014—1082 चिकित्सानुभाग दिनांक 04.03.2014 के तहत प्रतिपूर्ति दावे का रूपये **8,385/— (शब्दों में आठ हजार तीन सौ पिचासी मात्र)** परीक्षण किया गया और उसके उपरान्त रूपया व्यय को प्रतिहस्ताक्षरित एवं अनुमति प्रदान करते हुए मुल रूप में आवश्यक कार्यवाही हेतु समस्त प्रपत्र आपके पास भेजे जा रहे है।

संलग्नक— उपरोक्तानुसार।

भवदीय

S K Chaudhary

मुख्य चिकित्सा अधीक्षक
जिला संयुक्त चिकित्सालय
बागपत।

चिकित्सा व्यय की प्रतिपूर्ति हेत

(क) **CERTIFICATE- A**

(To be completed in the cause of patients who are not admitted to hospital for treatment)

CertificategrantedtoMrs/Mr./Miss...Dr. Vidushi Singh.....

Wife /son/daughterof Mr....Lt. Shri Om Prakash.....

Employed in the ...Baghpat MACT Court.....,,,,

CERTIFICATE- A

(To be singhed by the medical officer in charge of the case at the hospital)

1- Dr.....hereby certify

(a) That I charged and received Rs.....X.....for consultation on .....(dates to be given) at my consulting room at the residence of patient.

(b) That I charged and received Rs.....for administerning.....intramuscular/-injections on date ... . sub-cutaneous at my consulting room/at the residence of the patient and the injection were for immunizing or prophylactic purposes.

(c) That the paient has been under treatment at.....DCR Baghpat hospital/my

consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious detenoration in the condition of the of the patient. The medicines are not stocked in the V.....V. forsupply to private patient ..... (name of the hospital) and do not include propriatary preparations for which cheaper substance of equal therep eutic value are available nor preparations which are primarily/foods, toilets and disinfectants.

Bill No.	Date	Agency	Price
403	30-08-2023	Sona Medical Store	2530-
92	26-09-2023	Rahul Mediical Store	4698-
113	29-10-2023	Rahul Medical Store	1157-
Total			8385-

(d) That the patient is/was suffering from.....Sjogren's syndrome and is/was under my treatment from ..... to .....

(e) That the patient is/was not given prenatal or postnatal treatment.

(f) That the X-ray, laboratory tes, etc. Which on espenditure of Rs..... was incurred were necessary and were undertaken of my advice at .....

(g)That I referred ..... the patient to Dr. ..... for specialist consultation and that the necessary approvial of the ..... as required under the rules wae obtained

(h) That the patient did not required hospitalization .....required

Date-.....

Signature and Designation of the of Medical Officer in harg which of the case at the hospital

Dr. Vidushi Bansal
Medical Officer
Consultant Physician
Distt. Combined Hospital, Baghpat

COUNTERSIGNED

I Certify that the patient has been under treatment at the..... hospital and the facilities provided were the minimum which were essential for the patien's treatment.

Medical Superintendent

.....Hospital

Date-.....

Bill of Supply

कम्पोजिशन योजना के अन्तर्गत

SONA MEDICAL STORE

Court Road, Shauket Market, Rastiya Vandana Chowk, Near Himanshu Bhojanalya, Baghpat-250609

GSTIN : 09GIQPK6296C1ZM | Licence No.: UP17210000083 | Date: 21-12-2020 | M.: +91 96348 82100

Patient Name: Dr. Vidusi Singh

Address:

Dr. Name: Deepak Chaudhary

S. No. 403

Date 30/8/23

S. No.	PARTICULARS	HSN Code	Batch No	Exp. Dt.	Qty.	MRP	Amount
	Folnik 5mg	-	0763	8/24	1 Strip	76	76
	MCOS 200	-	009	04/27	30 tab	106	212
	Becosul-2	-	019	6/24	15 tab	50	37
	Pilorag	-	0954	6/24	90 tab	78	702
	Habafen 100	-	1742	5/25	60 tab	142	568
	Ypnsedz 60k	-	090	1/25	8 tab	275	275
	Atorva 10	-	03	11/25	30 tab	82	164
	Cenligh D40	-	007	09/25	30 tab	315	945

Dr. Deepak Kumar MBBS, MD (Medicine) DCH Consultant Physician Hospital Baghpat

Rs. in words: Two thousand five hundred thirty Rps only

Total	2979
Lees Discount	15%
GRAND TOTAL	2530

Bank Details :

Bank Name :

Bank Account No. :

Bank Branch IFSC Code :

Terms & Conditions:

1. Goods once sold will not be taken. 2. Expired goods will not be taken back.
3. 18% Interest if not paid within 15 days. 4. All Disputes subject to Baghpat Jurisdiction.
5. E. & O. E.

For SONA MEDICAL STORE

Sona Medical Store Court Road, Shauket Market Rastiya Vandana Chowk Baghpat

Auth. Signatory

DISTRICT COMBINED HOSPITAL BAGHPAT
Near District Court , Baghpat, Uttar Pradesh, India

CR No: **992652300661916**

OUT PATIENT CARD

Patient Name: DR VIDHUSHI SINGH	Age/Sex: 56 Yr/F
D/O: LT SHRI OMPRAKASH	ABDM Health ID: NA
Address: Baghpat,Uttar Pradesh,India Mobile: 9412210001	ABDM User ID :NA
Category: General	Fees: ₹1.00/-
Department/RoomNo: General Medicine / 41	OPD Days:Mon,Tue,Wed,Thu,Fri,Sat
Doctor/Unit: General Medicine	Visit Date & Time: 19-Jul-2023 12:09
	Valid Till: 03-Aug-2023

Sjogren Syndrome
2° PMS
& chr. cervicitis

T. Dolo 1o 1SD
T. Folitrim 1o 1/wk
T. Pulset (8) daily except Mon
T. HCQS (200) 1o
T. Pulsp 1 OD (9)
T. Gabapentin 1o 1SD
T. Shleal ND 1SD
Uprida D3 1/month
T. Cerkisen Dw
T. Piloma 2 5 1TDS

Tab Becosule 1 OD
Tab Calcium left for 1/wk

doxemes - 10 days
Review after 1 month

19/7/23

19-07-2023, 12:09

09AVXPS8504Q1Z1

D.L.No.: BP1-OBR-36/2013,BP1-BR-36/2013

RETAIL INVOICE/CASH MEMO

RAHUL MEDICAL STORE

ARYA SAMAJ MANDIR, BAGHPAT

Ph. 2221670

DATE : 29/10/2023

CASH MEMO NO. : **113**

PATIENT NAME : DR.VIDUSHI SINGH

PATIENT ADD : B3 OFFICERS COLONY (BAGHPAT)

PRESCRIBED BY : DR.DEEPAK PHYSICIAN

GST No. : **09-Uttar Pradesh**

S.No.	PARTICULARS	PACK	QTY	BATCH No.	Exp.	VAT%	RATE	Amount
1.	HCQS TAB	15TAB	30	GPD083009BH	04/27	12.00	7.11	213.36
2.	GABAPIN 100MG TAB	15TAB	60	N2301196	03/25	12.00	9.47	568.00
3.	ATORVA 10	15	30	I301883	02/26	12.00	5.53	165.98
4.	MOKTEL TAB	15	15	ZMT020823	07/25	12.00	14.00	210.00

INCL. GST DETAILS :

CGST: 62.00
SGST: 62.00

(Inclusive VAT Amount in this Invoice : 124.00)

VAT DETAIL : 0.00 X 5 % = 0.00

TOTAL AMOUNT : 1157.34

Net Amt.(R/0): **1,157.00**

E.& O.E.

Rupees: One Thousand One Hundred Fifty Seven Only

For RAHUL MEDICAL STORE

All disputes are subject to Baghpat Jurisdiction.
Prices of Medicines are inclusive of all taxes.
Goods once sold will not be taken back.

(Computer Generated Invoice)

Auth Sign.

XPS8504Q1Z1

D.L.No.: BP1-OBR-36/2013,BP1-BR-36/2013

RETAIL INVOICE/CASH MEMO

RAHUL MEDICAL STORE

ARYA SAMAJ MANDIR, BAGHPAT

Ph. 2221670

DATE : 26/09/2023

Page No: 1 of 2

CASH MEMO NO. : **92**

PATIENT NAME : DR.VIDUSHI SINGH

PATIENT ADD : B3 OFFICERS COLONY(BAGHPAT)

PRESCRIBED BY : DR.DEEPAK PHYSICIAN

GST No. : **09-Uttar Pradesh**

S.No.	PARTICULARS	PACK	QTY	BATCH No.	Exp.	VAT%	RATE	Amount
1.	HCQS TAB	15TAB	30	GPD083009BH	04/27	12.00	7.11	213.36
2.	GABAPIN 100MG TAB	15TAB	60	N2301196	03/25	12.00	9.47	568.00
3.	UPRISE-D3 60K	8CAP	8	23510239	03/25	12.00	34.46	275.70
4.	ATORVA 10	15	30	I301883	02/26	12.00	5.53	165.98
5.	CARTIGEN - DUO TAB	10 TAB	30	TCDT23012	11/25	12.00	31.50	945.00
6.	SYSTANE ULTRA E/D	1	2	158D9R	11/24	12.00	538.00	1,075.99
7.	TRAVO Z E/D	1	1	TRZA002	05/25	12.00	495.00	495.00
8.	REFRESH TEARS	10ML	2	06768	06/25	12.00	137.65	275.29
9.	PILOMAX TAB	10TAB	60	JME0542A	12/24	12.00	7.80	468.00
10.	FOLVITE TAB	45	45	HA2606	08/24	12.00	1.70	76.54
11.	FOLITRAX 10 MG TAB	10 TAB	10	280423	03/26	12.00	13.94	139.44

Continue Next Page...

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D.L.No.: BP1-OBR-36/2013,BP1-BR-36/2013

RETAIL INVOICE/CASH MEMO

RAHUL MEDICAL STORE

ARYA SAMAJ MANDIR, BAGHPAT

Ph. 2221670

DATE : 26/09/2023

CASH MEMO NO. : 92

PATIENT NAME : DR.VIDUSHI SINGH

PATIENT ADD : B3 OFFICERS COLONY(BAGHPAT)

PRESCRIBED BY : DR.DEEPAK PHYSICIAN

GST No. : 09-Uttar Pradesh

S.No.	PARTICULARS	PACK	QTY	BATCH No.	Exp.	VAT%	RATE	Amount

INCL. GST DETAILS :

(Inclusive VAT Amount in this Invoice : 503.40)

VAT DETAIL : 0.00 X 5 % = 0.00

CGST: 251.70
SGST: 251.70

TOTAL AMOUNT : 4698.30

Net Amt.(R/0): **4,698.00**

E.& O.E.

Rupees: Four Thousand Six Hundred Ninety Eight Only

For RAHUL MEDICAL STORE

Auth Sign.

All disputes are subject to Baghpat Jurisdiction.
Prices of Medicines are inclusive of all taxes.
Goods once sold will not be taken back.

(Computer Generated Invoice)