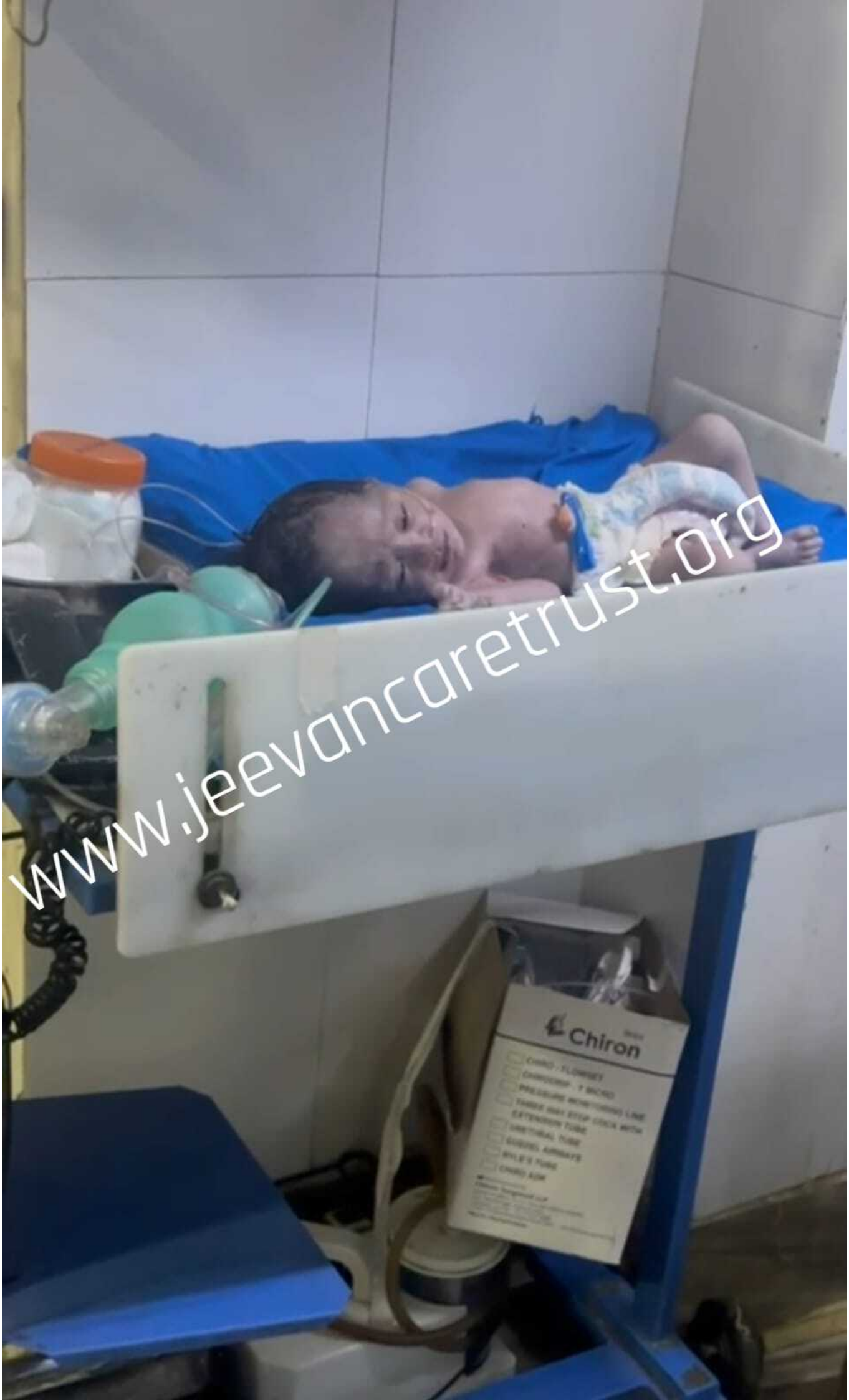

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Helpline: 8375041001
Indraprasthimc@gmail.com

IPD Summary Bill

IPD No: IP-1311/2025 UHID : U-1216/2025
Patient Name: BABY(M) Of SUSHMITA
S/D/W/O: Mr. JAY BAISOYA
Age/Sex/Marital: 10D/Male/Single
Address : 45 KJIZRABAD NFC NEW DELHI 25 -
Contact No:

Bill No: 0126 Date : 26-Sep-2025 02:59:06 PM
Insurance Co.: NA
TPA/Panel : NA
AL/CCN No.: NA Policy/Service No. : NA
Department : Neonatology
Doctor: SANDEEP KUMAR
Admission Date: 16-Sep-2025 07:04:42AM

Billing Category: Cash
Allocation : NICU Unit No : 1

S.No.	Code	Particular	Rate (Rs)	Unit	Amount (Rs)
NICU Charges					
1	A-16	NICU BED CHARGE	3500	10	35,000.00
2	RMO1	RMO CHARGES	600	10	6,000.00
3	CVC	SENIOR CONSULTANT VISIT CHARGES	750	20	15,000.00
4	G36	OXYGEN CHARGES	1200	9	10,800.00
5	VC	MECHANICAL VENTILATOR CHARGES	4500	4	18,000.00
6	RC	REGISTATION CHARGES	300	1	300.00
7	NIPPV	NIPPV	3500	1	3,500.00
8	BCP	BUBBLE CPAP CHARGES	2500	2	5,000.00
Medicine & Cosumable Charges					
9	VCT	MECHANICAL VENTILATORE CIRCUIT CHARGES	3500	1	3,500.00
10	CUROSURF	CUROSURF SURFACTANT 4.5ML	30378	1	30,378.00
11	SPC	SURFACTANT PROCEDURE CHARGE	2000	2	4,000.00
12	TAX	TAX'M	20	4	80.00
13	Med-6	INJ AMIKACIN 100 MG	47	10	470.00
14	LEVE?A	LEVE?A INJECTION	128	6	768.00
15	SURFACTANT	SURFACTANT	20252	1	20,252.00
16	PIPTAZ	INJ PIPTAZ	111	15	1,665.00
17	NEBU	NEBULIZATION & MEDICINE CHARGE	250	15	3,750.00
18	INJ	INJ ELORES	622	6	3,732.00
19	TIG	INJECTION TIGECYLINE	650	4	2,600.00
Procedure Charges					
20	UVC LINE	UMBILICAL VENOUS CATHETER	2500	1	2,500.00
Radiology Investigations Charges					
21	DIGITAL	DIGITAL X RAY	600	7	4,200.00
Investigation Charges					
22	VBG	VENOUS BLOOD GAS	1600	5	8,000.00
23	S.BILL	S.BILL	290	1	290.00

(Billing)

Helpline: 8375041001
Indraprasthimc@gmail.com

IPD Bill Summary

IPD No: IP-1311/2025 **UHID :** U-1216/2025
Patient Name: BABY(M) Of SUSHMITA
Father/Guardian: Mr. JAY BAISOYA
Age/Gen/Marital: 10D/Male/Single
Address: 45 KJIZRABAD NFC NEW DELHI 25
Contact No:
Billing Category: Cash

Bill No: 011/1311 **Date :** 26-Sep-2025
Insurance Co.: NA **Panel :** NA
TPA/Panel : NA
Department : Neonatology
Doctor: SANDEEP KUMAR
Allocation : NICU **Unit No :** 1
Admission Date: 16-Sep-2025 07:04:42AM

S.No.	Particular	Rate (Rs)	Unit	Amount (Rs)
Services & Charges : 26-Sep-2025				
1.	NICU BED CHARGE	3500	1	3,500.00
2.	SENIOR CONSULTANT VISIT CHARGES	750	2	1,500.00
3.	RMO CHARGES	600	1	600.00
4.	INJ AMIKACIN 100 MG	47	1	47.00
5.	INJ ELORES	622	2	1,244.00
6.	INJECTION TIGECYLINE	650	2	1,300.00
7.	RANDOM BLOOD SUGAR	100	1	100.00
8.	CBC	350	1	350.00
9.	C REACTIVE PROTEIN QUANTITATIVE (CRP)	440	1	440.00
10.	S. SODIUM	190	1	190.00
11.	DIAPER PRTERM NO:7	126	1	126.00
			Total Amount (Rs)	**9,397.00**
			Discount (Rs)	5,521.00
			Total Bill Amount (Rs) Rupees Three Thousand Eight Hundred And Seventy Six Only	3,876.00
			Amount Paid (Rs)	25,000.00
			Previous Due (Rs)	21,124.00
			Balance Payable Amount (Rs) **Rupees Only**	**0.00**

-:Amount Deposited:-

S.No.	Date	Receipt No.	Details	Mode	Amount (Rs)
1.	26-Sep-2025	R-2581	FINAL	Card Swipe	25,000.00
Total Amount Paid Rupees Twenty Five Thousands Only					25,000.00

INDRAPRASTH NICU DELHI-91

(Billing)

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IPD Summary Bill

24	KFT	KIDNEY FUNCTION TEST (KFT)	850	2	1,700.00
25	NBS	NBS(NEW BORN SCREEN)	2000	1	2,000.00
26	RBS	RANDOM BLOOD SUGAR	100	9	900.00
27	CBC	CBC	350	6	2,100.00
28	CRP	C REACTIVE PROTEIN QUANTITATIVE (CRP)	440	6	2,640.00
29	BG	BLOOD GROUP (ABO/RH)	180	1	180.00
30	BC	BLOOD CULTURE	1300	1	1,300.00
31	TIP	TIP CULTURE	900	1	900.00
32	S.SODIUM	S. SODIUM	190	1	190.00
Miscellaneous Charges					
33	MILK	PRE NAN MILK	780	1	780.00
34	DIAPER	DIAPER PRTERM NO:7	126	9	1,134.00
				Gross Amount (Rs)	193,609.00
				Discount (Rs)	11,287.00
				Total Bill Amount (Rs)	182,322.00
Rupees One Lakh Eighty Two Thousands Three Hundred And Twenty Two Only					
				Amount Paid (Rs)	182,322.00
				Balance Payable Amount (Rs) Rupees Only	0.00

-:Amount Deposited:-

S.No.	Date	Receipt No.	Details	Mode	Amount (Rs)
1.	16-Sep-2025	2468	ADVANCE	Card Swipe	49,678.00
2.	17-Sep-2025	2481	ADVANCE	Card Swipe	28,895.00
3.	18-Sep-2025	2491	ADVANCE	Card Swipe	18,749.00
4.	20-Sep-2025	2524	ADVANCE	Card Swipe	25,000.00
5.	23-Sep-2025	2551	ADVANCE	Card Swipe	35,000.00
6.	26-Sep-2025	2581	FINAL	Card Swipe	25,000.00
Total Amount Paid Rupees One Lakh Eighty Two Thousands Three Hundred And Twenty Two Only					182,322.00

Patient/Attendant Signature

Authorised Signatory

INDRAPRASTH NICU DELHI-92

...al / Vacuum / Caesarean...

Jaundice: Baby developed neonatal jaundice for which single surface phototherapy started after sending S.Bill, phototherapy stopped once it was below phototherapy range
Renal: Baby passed urine within 12 hours. KFT sent, normal.
Endocrinology: Maintaining normal blood sugar.
Skeletal: No obvious skeletal anomalies. **Hips:** No DDH **Genitalia:** Hernia site (N)
Neurology: NNR & Tone normal with b/l reactive pupil.

Imaging	Finding
Neonatal ECHO	**16/9/25**: PFO (L-R shunt), mild RV hypertrophy with dysfunction, ungressed neonatal severe PAH, no PE. **22/9/25**: RV dysfunction. Unregressed neonatal PAH. **Review after 3-4 weeks**
USG cranium	Bilateral increased periventricular echogenicity, review after 4-6 weeks.
USG Abdomen	GB sludge, Bilateral increased renal cortical echogenicity, Minimal ascites. Review after 4 weeks.
Newborn screening 7	Normal
ROP	Before 4 weeks
BERA	Before 8 weeks

Presently: Baby is on room air, euglycemic, no respiratory distress, RR – 52 54/min. Chest – B/L air entry +nt, P/A – soft, NNR & Tone normal. Stool, urine: normal. On Oral feed 25-30 ml/2 hrly

Father& family members informed in detail about baby condition and need for NICU care in view of EONS, and IV antibiotics completion. But father & family member wants to discharge on request

I.V Antibiotics Ongoing:

1. Inj Elores 30 mg IV 12hrly D4/D10
2. Inj Tigecycline 4mg IV 12hrly D4/D10

1.Drop Esenta D	1 ml once a day **7AM**	For 6 months
2.Drop Acyma in C	1 ml once a daily **8AM**	For 6 months
3.Drop Aqua Omega	1ml once a day **9AM**	For 6months
4. Syp Calyumm- P	3ml 2 times day **10AM-7PM**	For 2 months then review
5. Atogla lotion	Apply twice daily	For 2 weeks

- **Danger signs** (Lethargy, cyanosis, jaundice, cool peripheries, excessive crying, refusal to feeds)
- **In view of I.V antibiotics, Birth Vaccination NOT given**

Follow up: -

1. **Review in OPD after 2 days with CBC/CRP & S. Bill**
2. Long term follow-up with **Ped. Neurologist** for growth development and further evaluation.

Disclaimer Statement I have received and reviewed my **Discharge on request Summary** with investigation reports. I have been explained the above mentioned points in the language I understand.

Patient / Attendant sign & amp; Name ---Tarvinder---Relation ---Uncle

Nurses sign (with Name, Date & time)----

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IPD Bill Summary

IPD No: IP-1311/2025 **UHID :** U-1216/2025
Patient Name: BABY(M) Of SUSHMITA
Father/Guardian: Mr. JAY BAISOYA
Age/Gen/Marital: 1D/Male/Single
Address: 45 KJIZRABAD NFC NEW DELHI 25
Contact No:
Billing Category: Cash

Bill No: 03/1311 **Date :** 18-Sep-2025
Insurance Co.: NA **Panel :** NA
TPA/Panel : NA
Department : Neonatology
Doctor: SANDEEP KUMAR
Allocation : NICU **Unit No :** 1
Admission Date: 16-Sep-2025 07:04:42AM

S.No.	Particular	Rate (Rs)	Unit	Amount (Rs)
Services & Charges : 18-Sep-2025				
1.	NICU BED CHARGE	3500	1	3,500.00
2.	SENIOR CONSULTANT VISIT CHARGES	750	2	1,500.00
3.	RMO CHARGES	600	1	600.00
4.	OXYGEN CHARGES	1200	1	1,200.00
5.	MECHANICAL VENTILATOR CHARGES	4500	1	4,500.00
6.	TAXIM	20	2	40.00
7.	INJ AMIKACIN 100 MG	47	1	47.00
8.	LEVERA INJECTION	128	2	256.00
9.	DIGITAL X RAY	600	2	1,200.00
10.	S.BILL	290	1	290.00
11.	KIDNEY FUNCTION TEST (KFT)	850	1	850.00
12.	NBS(NEW BORN SCREEN)	2000	1	2,000.00
13.	RANDOM BLOOD SUGAR	100	1	100.00
14.	CBC	350	2	700.00
15.	C REACTIVE PROTEIN QUANTITATIVE (CRP)	440	2	880.00
16.	BLOOD GROUP (ABO/RH)	180	1	180.00
17.	PRE NAN MILK	780	1	780.00
18.	DIAPER PRTERM NO:7	126	1	126.00
			Total Amount (Rs)	**18,749.00**
			Total Bill Amount (Rs)	18,749.00
	Rupees Eighteen Thousands Seven Hundred And Forty Nine Only			
			Amount Paid (Rs)	18,749.00
			Previous Due (Rs)	0.00
			Balance Payable Amount (Rs) Rupees Only	0.00

-:Amount Deposited:-

S.No.	Date	Receipt No.	Details	Mode	Amount (Rs)
1.	18-Sep-2025	R-2491	ADVANCE	Card Swipe	18,749.00
Total Amount Paid Rupees Eighteen Thousands Seven Hundred And Forty Nine Only					18,749.00

INDRAPRASTH NICU DELHI

(Billing)

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West Vinod Nagar Delhi 110092
Helpline: 8375041001
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IPD Bill Summary

IPD No: IP-1311/2025 UHID : U-1216/2025
Patient Name: BABY(M) Of SUSHMITA
Father/Guardian: Mr. JAY BAISOYA
Age/Gen/Marital: /Male/Single
Address: 45 KJIZRABAD NFC NEW DELHI 25
Contact No:
Billing Category: Cash

Bill No: 02/1311 Date : 17-Sep-2025
Insurance Co.: NA Panel : NA
TPA/Panel : NA
Department : Neonatology
Doctor: SANDEEP KUMAR
Allocation : NICU Unit No : 1
Admission Date: 16-Sep-2025 07:04:42AM

S.No.	Particular	Rate (Rs)	Unit	Amount (Rs)
Services & Charges : 17-Sep-2025				
1.	TAXIM	20	2	40.00
2.	INJ AMIKACIN 100 MG	47	1	47.00
3.	LEVERA INJECTION	128	2	256.00
4.	SURFACTANT PROCEDURE CHARGE	2000	1	2,000.00
5.	SURFACTANT	20252	1	20,252.00
6.	UMBILICAL VENOUS CATHETER	2500	1	2,500.00
7.	DIGITAL X RAY	600	1	600.00
8.	VENOUS BLOOD GAS	1600	2	3,200.00
		Total Amount (Rs)		28,895.00
	Rupees Twenty Eight Thousands Eight Hundred And Ninety Five Only	Total Bill Amount (Rs)		28,895.00
		Amount Paid (Rs)		28,895.00
		Previous Due (Rs)		0.00
		Balance Payable Amount (Rs) Rupees Only		0.00

-:Amount Deposited:-

S.No.	Date	Receipt No.	Details	Mode	Amount (Rs)
1.	17-Sep-2025	R-2481	ADVANCE	Card Swipe	28,895.00
Total Amount Paid Rupees Twenty Eight Thousands Eight Hundred And Ninety Five Only					28,895.00

INDRAPRASTHA NICU DELHI

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Helpline: 8375041001
Indraprasthimc@gmail.com

IPD Bill Summary

IPD No: IP-1311/2025 UHID : U-1216/2025
Patient Name: BABY(M) Of SUSHMITA
Father/Guardian: Mr. JAY BAISOYA
Age/Gen/Marital: 6D/Male/Single
Address: 45 KJIZRABAD NFC NEW DELHI 25
Contact No:
Billing Category: Cash

Bill No: 08/1311 Date : 23-Sep-2025
Insurance Co.: NA Panel : NA
TPA/Panel : NA
Department : Neonatology
Doctor: SANDEEP KUMAR
Allocation : NICU Unit No : 1
Admission Date: 16-Sep-2025 07:04:42AM

S.No.	Particular	Rate (Rs)	Unit	Amount (Rs)
Services & Charges : 23-Sep-2025				
1.	NICU BED CHARGE	3500	1	3,500.00
2.	SENIOR CONSULTANT VISIT CHARGES	750	2	1,500.00
3.	RMO CHARGES	600	1	600.00
4.	OXYGEN CHARGES	1200	1	1,200.00
5.	BUBBLE CPAP CHARGES	2500	1	2,500.00
6.	INJ PIPTAZ	111	3	333.00
7.	INJ AMIKACIN 100 MG	47	1	47.00
8.	NEBULIZATION & MEDICINE CHARGE	250	3	750.00
9.	RANDOM BLOOD SUGAR	100	1	100.00
10.	DIAPER PRTERM NO:7	126	1	126.00
		Total Amount (Rs)		10,656.00
		Discount (Rs)		3,408.00
		Total Bill Amount (Rs)		7,248.00
	Rupees Seven Thousand Two Hundred And Forty Eight Only			
		Amount Paid (Rs)		35,000.00
		Previous Due (Rs)		27,752.00
		Balance Payable Amount (Rs)		0.00
		Rupees Only		

-:Amount Deposited:-

S.No.	Date	Receipt No.	Details	Mode	Amount (Rs)
1.	23-Sep-2025	R-2551	ADVANCE	Card Swipe	35,000.00
	Total Amount Paid Rupees Thirty Five Thousands Only				35,000.00

(Billing)

IPD Bill Summary

IPD No: IP-1311/2025 UHID : U-1216/2025
Patient Name: BABY(M) Of SUSHMITA
Father/Guardian: Mr. JAY BAISOYA
Age/Gen/Marital: 3D/Male/Single
Address: 45 KJIZRABAD NFC NEW DELHI 25
Contact No:
Billing Category: Cash

Bill No: 05/1311 Date : 20-Sep-2025
Insurance Co.: NA Panel : NA
TPA/Panel : NA
Department : Neonatology
Doctor: SANDEEP KUMAR
Allocation : NICU Unit No : 1
Admission Date: 16-Sep-2025 07:04:42AM

S.No.	Particular	Rate (Rs)	Unit	Amount (Rs)
Services & Charges : 20-Sep-2025				
1.	NICU BED CHARGE	3500	1	3,500.00
2.	SENIOR CONSULTANT VISIT CHARGES	750	2	1,500.00
3.	RMO CHARGES	600	1	600.00
4.	OXYGEN CHARGES	1200	1	1,200.00
5.	MECHANICAL VENTILATOR CHARGES	4500	1	4,500.00
6.	INJ PIPTAZ	111	3	333.00
7.	INJ AMIKACIN 100 MG	47	1	47.00
8.	DIGITAL X RAY	600	1	600.00
9.	RANDOM BLOOD SUGAR	100	1	100.00
10.	CBC	350	1	350.00
11.	C REACTIVE PROTEIN QUANTITATIVE (CRP)	440	1	440.00
12.	DIAPER PRTERM NO:7	126	1	126.00
		Total Amount (Rs)		13,296.00
		Discount (Rs)		2,358.00
	Rupees Ten Thousands Nine Hundred And Thirty Eight Only	Total Bill Amount (Rs)		10,938.00
		Amount Paid (Rs)		25,000.00
		Previous Due (Rs)		14,062.00
		Balance Payable Amount (Rs) Rupees Only		0.00

Amount Deposited:-

S.No.	Date	Receipt No.	Details	Mode	Amount (Rs)
1	20-Sep-2025	R-2524	ADVANCE	Card Swipe	25,000.00
	Total Amount Paid Rupees Twenty Five Thousands Only				25,000.00

INDRAPRASTHA NICU DEPT.
(Billing)

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Helpline: 8375041001
Indraprasthimc@gmail.com

IPD Bill Summary

IPD No: IP-1311/2025 **UHID :** U-1216/2025
Patient Name: BABY(M) Of SUSHMITA
Father/Guardian: Mr. JAY BAISOYA
Age/Gen/Marital: /Male/Single
Address: 45 KJIZRABAD NFC NEW DELHI 25
Contact No:
Billing Category: Cash

Bill No: 01/1311 **Date :** 16-Sep-2025
Insurance Co.: NA **Panel :** NA
TPA/Panel : NA
Department : Neonatology
Doctor: SANDEEP KUMAR
Allocation : NICU Unit No : 1
Admission Date: 16-Sep-2025 07:04:42AM

S.No.	Particular	Rate (Rs)	Unit	Amount (Rs)
Services & Charges : 16-Sep-2025				
1.	NICU BED CHARGE	3500	1	3,500.00
2.	RMO CHARGES	600	1	600.00
3.	SENIOR CONSULTANT VISIT CHARGES	750	2	1,500.00
4.	OXYGEN CHARGES	1200	1	1,200.00
5.	MECHANICAL VENTILATOR CHARGES	4500	1	4,500.00
6.	REGISTATION CHARGES	300	1	300.00
7.	MECHANICAL VENTILATORE CIRCUIT CHARGES	3500	1	3,500.00
8.	CUROSURF SURFACTANT 4.5ML	30378	1	30,378.00
9.	SURFACTANT PROCEDURE CHARGE	2000	1	2,000.00
10.	DIGITAL X RAY	600	1	600.00
11.	VENOUS BLOOD GAS	1600	1	1,600.00
		Total Amount (Rs)		49,678.00
		Total Bill Amount (Rs)		49,678.00
	Rupees Forty Nine Thousands Six Hundred And Seventy Eight Only			
		Amount Paid (Rs)		49,678.00
		Previous Due (Rs)		0.00
		Balance Payable Amount (Rs) Rupees Only		0.00

Amount Deposited:-

S.No.	Date	Receipt No.	Details	Mode	Amount (Rs)
1.	16-Sep-2025	R-2468	ADVANCE	Card Swipe	49,678.00
Total Amount Paid Rupees Forty Nine Thousands Six Hundred And Seventy Eight Only					49,678.00

INDRAPRASTH NICU NICU DELHI-92

(Billing)

IPD-1311 BABY(M) Of SUSHMITA

Receipt No.	Details
R-2491	

IIMC

INDRAPRASTH IMAGING & MEDICAL CENTRE
(Unit of Newborn and Child Hospital LLP)
Add.: Lower Ground Floor, B - 81, Kamaou Square
West Vinod Nagar Delhi 110092
83750 41001 Indraprasthimc@gmail.com

PATIENT NAME: BABY OF SUSHMITA **AGE/SEX- 4D/MALE**

REF. BY- INDRAPRASTH NICU **DATE: - 20.09.2025**

CHEST AP SUPINE VIEW

Ground glass haziness is seen in bilateral lung fields.

Cardiac Shadow: appears normal.

Bony Structures appear: Normal.

Bilateral Costo Phrenic angles: are clear.

Thymic shadow consistent with the age.

ADV: CLINICAL CORRELATION.

Dr. TANYA JAIN
M. D (RADIO-DIAGNOSIS)
DMC Registration No. [illegible]041

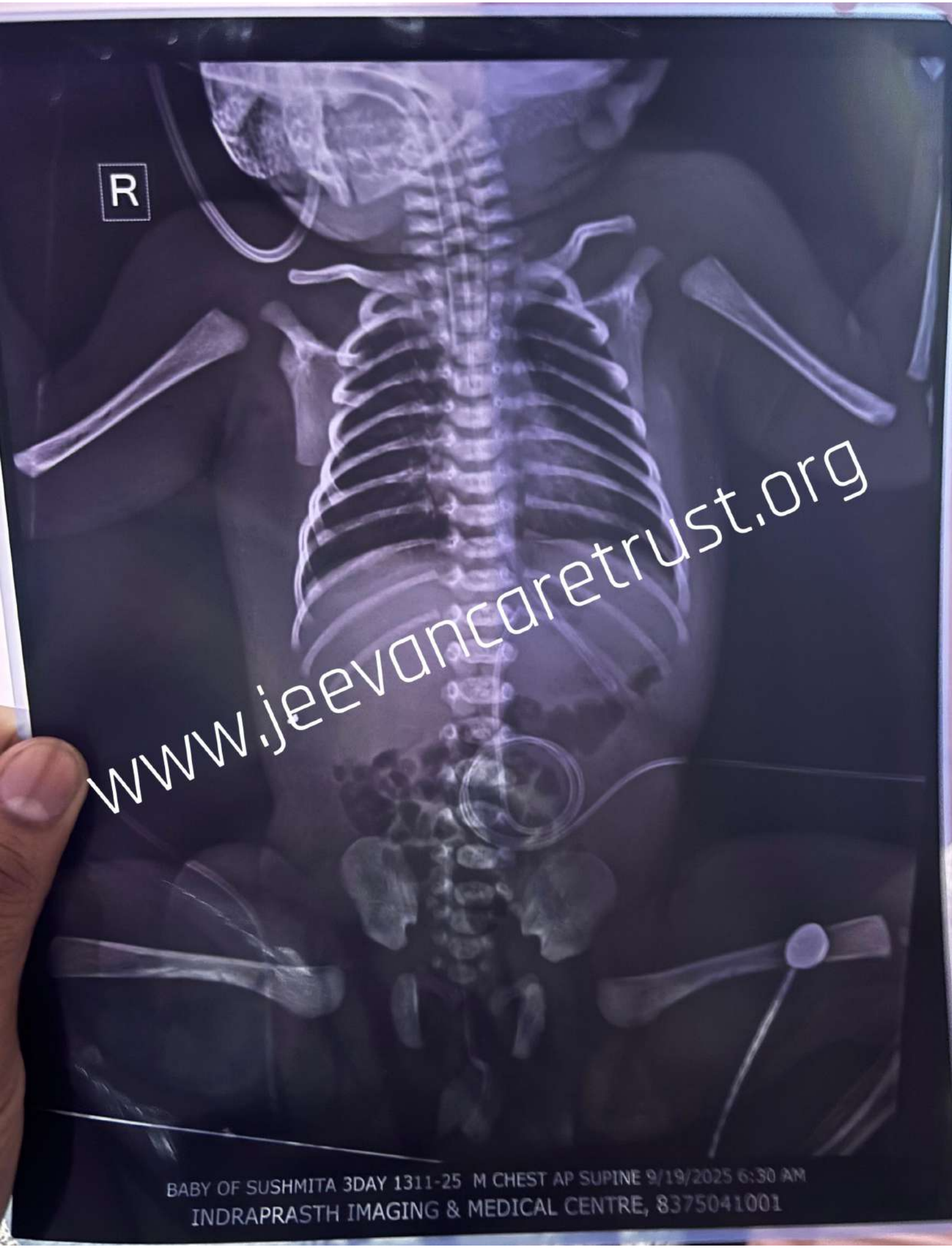
DR. TANYA JAIN

MBBS, MD RADIODIAGNOSIS

(Consultant Radiologist)

This report is only for Perusal of Doctors. Not For Medico Legal Cases

Clinical Correlation is essential for final diagnosis. If Test result are unsatisfactory please contact personally.
All Congential anomalies in a Fetus May not be Diagnosed in Routine obstetric ultrasound


R
www.jeevancaretrust.org
BABY OF SUSHMITA 3DAY 1311-25 M CHEST AP SUPINE 9/19/2025 6:30 AM
INDRAPRASTH IMAGING & MEDICAL CENTRE, 8375041001