



CANCER CARE TRUST

Web.add : www.cancercaretrust.org

E.id : contact@cancercaretrust.org

Contact No. : 011-65881004

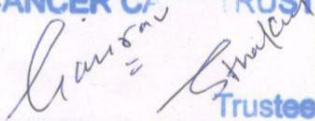
PATIENT APPLICATION FORM

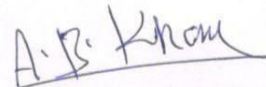


PATIENT'S DETAILS

NAME:	Abdul Khan
FATHER NAME	Mohd. Aboobakar Khan
AGE:	11 Year
SEX:	Male
ADDRESS:	4, Indergarhi, Ghaziabad, Uttar Pradesh - 201002
DISEASE:	Moyamoya disease
TOTAL ESTIMATE COST:	₹ 33,500
HOSPITAL/DEPARTMENT/ DOCTOR	AIIMS / Paediatrics / Manoj Phalak

CANCER CARE TRUST


Trustee Signature


Parents Signature

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
 ब० रो० वि०
 अ० भा० आ० सं०, नई दिल्ली - 110029
 Cardiothoracic & Neurosciences Centre, O.P.D.
 A.I.I.M.S., New Delhi-110029

दिनांक Date			
विभाग Deptt.	नाम Name	उम Age	
ब०रो०वि०सं० O.P.D. No.	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	
	निदान Diagnosis		

Slight wound discharge

(As told by pt relative)

active discharge occasionally

31/5/19

Scab removed. Healthy granulation tissue (+)

- Adv
- Continue antibiotics
 - Daily dressing at a local centre with betadine soln.
 - S/W after 1wk

- Adv
- Taxim-O 1 BD
 - Linezolid 600mg BD
 - ~~Augmentin~~ 625mg TDS

7. Pen 40mg 100x 7days
 Maintain hygiene

- Aspirin 75mg OD

- Physiotherapy - (23)

- Flexon * BP

- AD in NS-2 ward

h/w -

दिनांक
Date

11/6/19 - T. Escobar \$500000
T. Coburn 1000000
T. Valproate 30.

Review for 1/19

MRI Brain + MRA of Aorta
& Pelvic MRI

Cancer Care Trust

Neurosurgery Admission Date

(Admn No).....
ASAFC(Red) 10/8/19 Priority(Blue)
Routine(Green)..... DSA(Black)
Blood(No. Of Units) 240
Package Amount Rs 33500
Investigations: Hb, TLC, DLC, Blood Group, APTT, PT, Platelets, Na+, K+,
Urea, Creatinine, FBS, ECG, CXR, Urine R/E
Residents Signature.....

eed of new MR
P

- To come after Jan 7, 2019.
4PM

18/12/18

S/B Prof SSIC

- DSA date

8000

~~19/1/19~~
~~21/1/19~~

5/1/19

25/1/19

- Try Feb. 2019 last week.

~~19/1/19~~
~~21/1/19~~

7/5/19

Ach: T. augmentation in
375mg TOST and

- urgent NCT head
- T. aspirin 75mg to be
started

- Intake 2-5 litres
- Alternate sutine removal on Friday

- CBC, RFT, LFT, blood-clts, CXR
Refer to Paeds Emergency
- Ped-neurology - referral for eval of stroke.

~~16/1/19~~
~~17/1/19~~

- Dossy - STA-MCA Bypass - 33500
- do 31.5m 39

18 P

524830
ASAF 22/1/19

Neurosurgery Admission D...

(Adm No).....
 ASAF (Red)..... Priority (Blue)
 Routine (Green)..... P&A (Black) 22/1/19
 Blood (No. Of Units).....
 Package Amount Rs.....
 Investigations: Hb, TLC, DLC, Blood Group, AFTT, PT, Platelets,
 Urea, Creatinine, FBS, ECG, CXR, Urine P/E
 Residents Signature.....
 Attend PAC (Wed, Thur, Sat) Before Admission 9 AM TO 11 AM

CHC-210119152 103392184
 MD ABDULKHAN
 ABDULKHAN

CLINIC
 RDAY
 7:30 A.M.

विभाग
 Deptt.

PNS 2086/2017
 JHID 10339184
 Date 22/1/17 TUE

Neuro Surgery-II
 Paed. Neurosurgery

PAC (✓)

ब०रो०वि०स०
 O.P.D. No.

ame MD ABDUL KHAN
 MD ASUBAKKAR KHAN
 Phone No. 9582499971
 Consultant Room 19
 R Room:

Gen
 HYP/D/Male

B 40L

Package 33,500/-

MRI 8/2/18

V. ⊖

DSA: MD

Registration Time: 8.30 AM - 10.30 AM

736455
 21/1/19

Adv
 20/12/17

22/1/19

Moya-moya - Disease to be done on admission
 - Multiple infarcts cont. ⊖ Partial seizure

Adv
 Tab. valmin 200mg 1/2 - 1/2 carlie
 Tab. Aspirin 25mg OD

- Plan - DSA 1
- Date for Surgery - (18)
- Package - 33500

→ Plan - EDAMS / STA - MCA Bypass
 ⊖ → ⊙

Dr. Manoj Phalak



DEPARTMENT OF NEURO SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES

C.N. CENTRE

Ansari Nagar, New Delhi

ESTIMATE CERTIFICATE

Dated : 10/5/19

Name of Patient Md. Abdul Khan
Age 12 Sex M N.S. No. 103392184
Nature of Disease Moyg
Nature of Surgery required Cranial
Amount required for Surgery 33500

The above mentioned amount must be deposited in advance by bank draft/RTGS in favour of **AIIMS NEURO SURGERY PATIENT'S ACCOUNT STATE BANK OF INDIA, A/C No. 10874584644, IFSC CODE : SBIN0001536**. The charges are applicable from the date of admission to 3rd post operative day and include the cost of consumables, routine radiology, laboratory, and Histopathological investigations. The charges will not include any charges on account of MRI, Instrumentation or Aneurysm clip and any other special consumable if required during surgery.

(CONSULTANT / SENIOR RESIDENT)

(CONSULTANT / SENIOR RESIDENT)

YES BANK

URGENT PATIENT'S ACCOUNT

DD-AIIMS NEURO SURGERY PATIENT'S ACCOUNT

MAIL TO

NK LTD

PAYMENT DETAILS

~~27 Feb 2018~~ *33,500.00

We enclose Demand Draft No. : 370404

dated for ₹

as per the above payment details.

CANCER CARE TRUST
BY ORDER OF

BANK REF: 073613000909
PAYABLE AT: CHANAKYAPURI, NEW DELHI

This is Computer Generated advice and does not require Signature

YES BANK

YES BANK LTD.

4th Floor, Nehru Centre,
Discovery of India Building, Dr A.B. Road,
Worli, Mumbai - 400018, India

DEMAND DRAFT

VALID FOR THREE MONTHS FROM DATE OF ISSUE.

2 7 0 2 2 0 1 8
D D M M Y Y Y Y

A/C. PAYEE / Non-AIIMS

AIIMS NEURO SURGERY PATIENT'S ACCOUNT

On Demand Pay

or Order

को या उनके आदेश पर

Rupees

THIRTY THREE THOUSAND FIVE HUNDRED ONLY.**

रुपये

अदा करें

₹**33,500.00*

BANK DATA FORMS PVT. LTD. CTS-5010

YES BANK LTD

CHANAKYAPURI, NEW DELHI

DRAWEE BANK AND BRANCH

YES BANK

SECTOR 18, NOIDA

ISSUING BANK AND BRANCH

For YES BANK LTD.

AUTHORISED SIGNATORY (IES)

370404 0005320001

16



Dept No: 20170170016287

CASH RECEIPT

File No :1183/ns/19-20
Depositor Name :CANCER CARE TRUST
Phones } 26594235
26593824

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. Centre, Ansari Nagar, New Delhi-110029

Receipt No.:

Received From:

OPD/ MRD No.:

ON ACCOUNT OF

ACCOUNTS-15/1400/201920
[Original]NEUROSURGERY PT
ACCOUNT

Date : 09/08/2019

Patient Type :

Room No. :

MR. MD ABDUL KHAN ,Age :12 Yrs 7 Mons 27

General

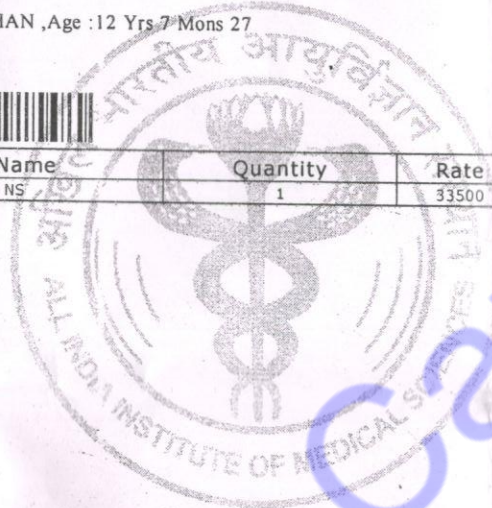
Days

103392184 (OPD)



SI No.	Service Name	Quantity	Rate	Net Amount
1	OTHER - NS	1	33500	33500

Printed on 09 Aug 2019 12:03:53 PM



शरीरमाद्यं खलु धर्मसाधनम्

Payment Mode:

INR (Rs.) :

Rs. in Words

Demand Draft DD No :515997, Bank :ICICI Bank, Date :06/08/2019
33500.0

Rupees Thirty Three Thousand Five Hundred Only

MR.PRIYA RANJAN NEURO

Cancel Cancer Care Trust

A/C PAYEE ONLY



Drawee Branch

(07)CONNAUGHT PLACE, NEW DELHI

DD No. 515997

VALID FOR THREE MONTHS ONLY

06 DATE 2019
D D M M Y Y Y Y

ON DEMAND PAY ***AIIMS NEURO SURGERY PATIENT'S ACCOUNT*****

OR ORDER

THIRTY THREE THOUSAND FIVE HUNDRED Only
RUPEES

₹ 33,500.00

FOR VALUE RECEIVED

Purchaser Name: CANCER CARE TRUST
OL/3/5 Not Above 33,500.00

1070DDCENPAY
NOIDA (SEC - 1)
Issuing Branch

Authorized Signatory

Authorized Signatory

Please sign above

515997 000229000 001070 16

INVOICE / RECEIPT

Name : Mr. ABDUL
Age/Gender : 12 Y/Male
Contact No : 9717096314
Address : CANCER CARE TRUST NEW ASHOK NAGAR DELHI
UHID : UKKD.000010699
Home Collection : No

Visit No : KKD200117480
Visit/Reg Date : 07-Jan-2020 11:41AM
Referred By : Dr. AIIMS
Bill : DKKDB/19-20/00017480
Center : HARGOVIND ENCLAVE
Center Ph. No :
Center Address : Delhi



#	Service Code	Service Name	SIN No.	MRP	Rate	Total
1	44165	3T MRI ANGIOGRAPHY	3T00004046	7400	3700	3700
2	44174	3T MRI BRAIN WITH CONTRAST	3T00004046	11800	5900	5900
3	44183	3T MRI PERFUSION IMAGING STUDY	3T00004046	9000	4500	4500

Settlement	Payment	Receipt No	Mode	Amount
Settlement	07-01-2020	RKKD/19-20/00019512	Cash	14,100.00

Bill Amount: 14,100.00

Net Bill Amount: 14,100.00

Total Paid Amount: 14,100.00

Received with thanks: Fourteen Thousand One Hundred Only

Print By: SURENDER SINGH (ED) Authorized Signature

For accessing online reports log on to www.houseofdiagnostics.com; Lab ID: KKD200117480. Password: 9717096314.

1. Reports are available online for 30 days. Thereafter report are archived for upto 3 years after the test.
2. Images for all modalities film/CD once issued will be re-issued upon an additional charge as per rate list. Images are stored in databank for upto a period of 30 days only. Thereafter the House Of Diagnostics dose not hold any responsibility. Liability of issuance of any such Images on film/CD.
3. Advance taken for PET CT scan is refundable as per below mentioned point 6, only if cancellation request is made before 8 PM a day before the test scheduled date. Any reason for cancellation. Thereafter shall result in forfeiture of Rs. 5000/-.
4. Call Center: 9089089089; Timing: 7:00 AM to 10:00 PM.
5. Test Groups with SIN No. beginning with QS or PC are outsourced and not performed at the House of Diagnostics laboratory.
6. Refund of any test on account of test not done, will take 10 days after completing needful paperwork formalities and will be by NEFT only. Please provide complete Account details for the NEFT. HOD will not be liable incase wrong bank A/c details are provided. All refunds will be subject to deduction of Rs. 50/- or 2% of the amount, whichever is higher.
7. No refunds will be made once test is performed.
8. A Whole Body PETCT Scan is done for Head to Mid Thigh region.
9. Films and Images are normally provided as hard copy. Incase images are needed on a CD, charges will be extra, at applicable rates.



Cancelled