



સર્વેક્ષણ  
2020

# રાજકોટ મહાનગર સેવા સદન

આરોગ્ય શાખા

'ડૉ. આંબેડકર લવન', ત્રીજો માળ, રૂમ નં-૧, ઢેબરભાઈ રોડ, રાજકોટ-૩૬૦ ૦૦૧ | ફોન:૦૨૮૧-૨૨૨૧૬૨૭

## Covid-19 એન્ટીજન ટેસ્ટ રીપોર્ટ

અર્બન હેલ્થ સેન્ટર / કેમ્પનું સ્થળ :- કા.કા.મી.પા. રૂમ નં-૧, ઢેબરભાઈ રોડ, રાજકોટ

આથી પ્રમાણપત્ર આપવામાં આવે છે કે, શ્રી શ્રી. વૈ. પ્ર. ભ. ર. પ. અર્બન હેલ્થ સેન્ટર,  
ઉ.વર્ષ ૫૩, રહેઠાણ કા.કા.મી.પા. રૂમ નં-૧, ઢેબરભાઈ રોડ, રાજકોટ, આજરોજ તા ૨૪/૯ /૨૦૨૦

"કોરોના એન્ટીજન ટેસ્ટ" કરતા પોઝીટીવ રીપોર્ટ આવેલ છે.

આથી આપને સિવિલ હોસ્પિટલ, રાજકોટ/ અર્બન હેલ્થ સેન્ટર કા.કા.મી.પા. રૂમ નં-૧, ઢેબરભાઈ રોડ, રાજકોટ માટેથી  
માર્ગદર્શન લઈ હોમ આઇસોલેશન અથવા ફેસીલીટી એડમીટ થવા સલાહ આપવામાં આવે છે.

મેડિકલ ઓફિસર  
રાજકોટ મહાનગર સેવા સદન  
આરોગ્ય શાખા  
અર્બન હેલ્થ સેન્ટર  
રાજકોટ મહાનગર પાલિકા

DATE:

2/10/20

S/B - DR J. DOBARIYA/ DR J. PADALIA/ DR D. JANI

PATIENT NAME - Nileshbhai Sarvaiya

AGE/SEX - 44 yrs male / female

COMPLAINS -

Cough Since 8 days  
 Chest pain  
 Sore throat Since 1 day  
 Breathlessness  
 Diarrhoea  
 Fever Since 3 days  
 Bodyache  
 headache

-INVESTIGATION

CBC	LDH	2/10/20
S.CREAT	IL-6	CRP-14.59
CRP	D-DIMER	Hb-15.6
SGPT	FERRITIN	Tc-5230
K+	ECG	PC-215000
ESR	CXR (PA)	D-Dimer-98.60 ng/ml
NA+		

H/O ALLERGY - YES/NO

-COVID-19 : POSITIVE / NEGATIVE / AWAITED

COMORBIDITIS - ~~DM/HTN/IHD~~  
CIT/ blood thickening

-HRCT THOREX ( ) : CORADS - 5

CONTACT H/O - yes (no)

2/10/20 CTSI - 7/25

TRAVEL H/O -- yes (no)

ON EXAMINATION

TEMP- (W) pre

HR - 104/min

SPO2 - 96% on RA.

BP - 130/80 mmHg

CNS - CSO

R/S - 18/min

post

HR - 113/minute

Spo2 - 96% on RA -AADHAR NO :

PATIENT ADDRESS : 4, Rajnagar Soc.  
Nana mauva main road  
Cratrad khurba, Rajkot.

-CONTACT NO.: 9824459189



Star Synergy Hospital - A unit of Sahasra Medicare LLP

Opp. Vishveshwar Mahadev Temple, Mavdi Main Road, Rajkot-360 004  
0281-2363888 / 95121 40088

## TREATMENT PLAN

- Tab. AZEE 500mg [0-1-0] ----- {બપોરે જમ્યા પછી} -----5
- Tab. LIMCEE 500MG [1-1-1]----- {સવારે બપોરે સાંજે જમ્યા પછી}-----15
- Tab. ZINCOVIT [0-1-0]-----{બપોરે જમ્યા પછી}-----5
- CAP. PANTOCID DSR [1-0-1]-----{સવારે સાંજે જમ્યા પહેલા}-----10
- TAB. FELIZ S PLUS [0-0-1]-----{રાતે સુતા પહેલા}-----5
- TAB DOLO 650mg-----{તાવ આવે ત્યારે એક ગોળી લેવી}-----5
- LIQ RESWAS 10ML TDS-----{૨ ચમચી સવારે બપોરે સાંજે જમ્યા પછી}-----1
- CAP. BECOSULES-Z-----{સવારે જમ્યા પછી}-----10

Tab. (efodem Xp (325)mg 1 - 0 - 1 } X 5 Day  
 Tab. medron (16mg) 1 - 0 - 0 }

સમ. Ascovite - 1) - 10ml TDS (૨ ચમચી જમ્યા પછી) સવાર - બપોર - સાંજ )

T. Zincovit 1 - 0 - 0 am

Spironolactone - (1) (30)

T. Becosule - 0 - 1 - 0 am

R/10/20  
 Dr. P. P. P.

- > માસ્ક પહેરીને રાખવું.
- > વારંવાર સાબુથી હાથ ધોવા.
- > એક જ રૂમ મા રહેવું.

રિપોર્ટ 24 થી 30 કલાક પછી આવશે

# STAR HOME CARE

## DAILY VITALS SHEET

PATIENT NAME:		Niloshai Senuhga						PACKAGE:	ZONE:	
PATIENT ID:										
DATE	TIME	COMPLAIN	TEM.(F°)	PULSE/ MIN	SPO2(%)	BP (mmHg)	RESPI.RAT E/MIN	ADVICE/REMARKS	MO / NURSE SIGN	PATIENT /RELATIVE SIGN
3/10/20	11.45		92.2	$\frac{85}{96}$	128	92	90			
11	4.30		97.7	$\frac{97}{98}$	128	94	95			
3/10/20	6:00 PM	Coughing Diarrhoea	97.6°C	90	99%	130/90	20	Sip Aspirin 0.6g 70% Sporo lactin	Joy (M)	
4/10	12:00	Coughing	97.6°C	96L	99% Rm	130/20	22 L	CR same	f. (M)	
5/10	5:00 PM	mild Coughing	97.6°C	90	99%	138/98	20	-	Joy (M)	
6/10	5pm	mild cough	97.6°C	90L	99% Rm	110/10	22	CR same	f. (M)	
7/10	5pm	mild cough	97.6°C	125L	99% Rm	130/20	22	CR same also aft	f. (M)	
8/10	10:00	(M)	97.6°C	96L	99% Rm	137/93	22	CR same	Joy (M)	
9/10	10:00	(M)	97.6°C	100/m	99%	130/88	20	-	Joy (M)	
11/10	10:00	mild cough	97.6°C	112L	99%	124/94	22	CR same	Joy (M)	



## DISCHARGE SUMMARY

PATIENT NAME: SARVAIYA NILESH LALSINGBHAI

AGE/SEX -44/M

ADDRESS - "GATRAD KRUPA" BLOCK - 19/B, RAJNAGER STREET - 4, NANA MAVA MAIN ROAD  
RAJKOT, GUJARAT 360004

DATE OF ENROLMENT - 02/10/2020

DATE OF DISCHARGE - 12/10/2020

PHONE NUMBER- 9824459189

DOCTOR - DR. JAYESHKUMAR DOBARIYA

DISCHARGE DIAGNOSIS - COVID-19 POSITIVE

### BRIEF HISTORY

Patient was enrolled in home care services on date 02/10/2020. and regular visits were taken by star homecare medical team, patient was under close treated by our medical team and regular vitals monitoring was done on daily basis and now he/she is being discharged on date 12/10/2020. With hemodynamically stable condition.

### ADVICE -

Self isolation for 10 days

Avoid spicy, cold food items

Adequate water intake

Steam inhalation



Star home care

**Dr. Jayeshkumar Dobariya**  
MD Chest Medicine, IDCCM  
Pulmonary & Critical Care Specialist  
Reg. No. G-20973

DATE: 10/10/2020

**TO WHOM SO EVER IT MAY CONCERN**

This is to certify that Mr./Mrs. Sarvaiya Nilesh Lalsingbhai had covid19, report date 01/10/2020. He/she was enrolled in home care services due to unavailability of bed in hospital and his/her to be treated at home under medical treatment. He/she was enrolled in homecare services on date 02/10/2020. And discharged on date 12/10/2020. With hemodynamically stable condition.



Regards

Star homecare services

Patient Name – Sarvaiya Nilesh Lalsingbhai

Mobile Number - 9824459189

**Dr. Jayeshkumar Dobariya**  
MD Chest Medicine, IDCCM  
Pulmonary & Critical Care Specialist  
Reg. No. G-29978

Date: 02/10/2020

**TO WHOM SO EVER IT MAY CONCERN**

This is to inform you that patient Mr./Mrs. Sarvaiya Nilesh Lalsingbhai age 44 year male/female is RTPCR covid19 positive. He/she is enrolled in home care services from to 02/10/2020 to 12/10/2020. The patient is asymptomatic and due to unavailability of bed in hospital. We are referring them for the home care services with the protection kit, equipment and observation of medical team. He/she is requiring 10 days rest including home care treatment. He/she will be taken care as per the latest home care guidelines by the government for covid19.

Patient's Aadhaar card Address: "Gatrad Krupa" Block - 19/B, Rajnager Street - 4,  
Nana Mava Main Road Rajkot, Gujarat 360004

  
Authorized signatory

**Dr. Jayeshkumar Dobariya**  
MD Chest Medicine, IDCCM  
Pulmonary & Critical Care Specialist  
Reg. No. G-29978

PULMONARY CRITICAL CARE ASSOCIATES LLP



101, Unicorn Appartment  
Janki Park B-2, Opp Princess High School Kalawad Road,  
Rajkot - 360 005

LLP IDENTIFICATION NO : AAL-8664

**Sarvaiya Nilesh Lalsingbhai**  
"Gatrad Krupa" Block - 19/B, Rajnager Street - 4,  
Nana Mava Main Road Rajkot,  
Rajkot, Gujarat 360004

Invoice No: HC 698/20-21

DATE: 12-10-20

PARTICULARS

AMT. RS.

Covid-19 Home Care Pkg For 10

30,000

Total:-

30,000

Payment Details:

Payment Recived Date	Mode of Payment	Amount
02-10-20	BY Cash	30,000

Bank Name	Instrument Number	Instrument Date
		02-10-20

For, Pulmonary Critical Care Associates LLP

Authorised Signatory



**Dr. Jayeshkumar Dobariya**  
MD Chest Medicine, IDCCM  
Pulmonary & Critical Care Specialist  
Reg. No. G-29978



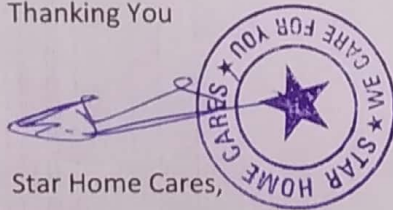
Date: 02/10/2020

**TO WHOM SO EVER IT MAY CONCERN**

This is to inform You Star Home Cares Have Specific Packages for the treatment. In Reference to the patient name Mr./Mrs./Miss/Mast/Dr. **Sarvaiya Nilesh Lalsingbhai** Please find below mentioned breakup as Required that includes the cost of treatment charged to the patient. Hence we are not able to provide other breakup for the same except below mentioned details. Patient admitted in Home Care from 02/10/2020 to 12/10/2020.

STAR HOME CARES COVID – 19 SPECIAL PACKAGE	
Consultant Charges	15,000
RMO Charges	5,500
Nursing Charges	2500
Dietitian Consultant	1000
Physiotherapy Consultant	1000
Kit Amount	5000

Thanking You



Star Home Cares,

C/O Star Synergy Hospital,

Rajkot.

**Dr. Jayeshkumar Dobariya**  
MD Chest Medicine, IDCCM  
Pulmonary & Critical Care Specialist  
Reg. No. G-29978



**INVOICE CUM MONEY RECEIPT**

Receipt No: **698**

Date: 17-10-2020

Name: Sarvaiya Nilesh Lalsinghrai

Age / sex: 44 y male UHID / IP NO.:

Address: "Haroud Koushi" Block - 191B, Rajnagar Street - 4, Narva main main road Patna

Dr. Name: Jayesh Chaturvedi Mo. No.

Rupees: 30,000/- Rs. in words: Thirty thousand only.

By Cash / Cheque / Card / Drft / RTGS / NEFT: By cash

Details: For covid 19 home care 10 day

For, Star Home Care:

Handwritten signature  
Authorised signature:



Patient Relative Name:

Signature:

2/10/19

Nileshbhai Sanvaiye

HR - CT

Therapy

- 
- ara 
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fb/synergyrajkot

**Star Synergy Hospital - A unit of Saurashtra Medicare LLP**

Shop No. G1/G2/G3, Ground Floor, Opp. Vishveswar Temple,  
 Maval Main Road, Rajkot - 360 004      www.synergyhospital.co.in  
 GSTIN : 24ACTFS3332C1Z8      LLPIN : AAD - 2783

Name : Nileshbhai Lalsingbhai Sarvaiya  
Age/Sex : 44 Years/M

02/10/2020

## HRCT SCAN OF THORAX

*HRCT imaging was performed using sub-millimetre thin plain axial scan of thorax from thoracic inlet to diaphragm.  
Lung window images were obtained.*

### OBSERVATION

Multifocal areas of ground glass opacities and crazy paving are seen in peripheral lung on both sides, predominantly involving lower lobes.

Rest of both lung fields are normal.  
No evidence of lobular or nodular densities is seen.  
No cystic spaces are seen.  
No evidence of honey-combing or traction bronchiectasis is seen.  
No pretracheal, paratracheal, hilar or paraspinal lymphadenopathy is seen.  
No pleural or pericardial effusion is seen.  
Trachea & main bronchi appear normal.  
Bony thoracic cage appear normal.

### IMPRESSION:-

CT findings show changes of atypical viral pneumonitis.  
CO-RADS level of suspicion -- 5  
CT severity score - 7 / 25 (Mild)

#### CO-RADS (Level of suspicion COVID-19 infection)

CO-RADS 1 NO (Normal or non-infectious abnormalities)  
CO-RADS 2 LOW (Abnormalities consistent with infections other than COVID-19)  
CO-RADS 3 INDETERMINATE (Unclear whether COVID-19 is present)  
CO-RADS 4 HIGH (Abnormalities suspicious for COVID-19)  
CO-RADS 5 VERY HIGH (Typical COVID-19)  
CO-RADS 6 PCR+

-  
-



Dr. Paresh Padhara  
M.D.

Dr. Himanshu Zalawadia  
M.D.

Dr. Jay Hapani  
D.N.B.

Managed By :

**Delta Radioimaging Pvt. Ltd.**

L-38, GUJARAT HOUSING BOARD, AKSHAR MARG, OFF KALAVAD ROAD, RAJKOT-360001.  
Ph. : 0281 247 47 48 | 247 47 49 CIN No.: U85110GJ2014PTC081553. Email :deltaradioimaging@gmail.com

# DELTA RADIOIMAGING PVT. LTD.

L-38, GUJARAT HOUSING BOARD,  
AKSHAR MARG, OPP. SAMARTH TOWERS, OFF. KALAWAD ROAD,  
RAJKOT.

CIN NO. U85110GJ2014PT081553

## INVOICE/CASH MEMO

Name: Nileshbhai Lalsingbhai Sarvaiya

Bill No.: 12,082

Place: RAJKOT

Bill Date: 02/10/2020

Ref. By: SELF

Reporting Date: 02/10/2020

Sr. No.	Perticulars	Qty.	Unit	Rate (Rs.)	Total (Rs.)
1	CT HRCT CHEST	1	1	2,500.00	2,500.00

Rupees Two Thousand Five Hundred Only

Bill Amount Rs.:

2,500.00

E. & O.E.

Prepared By

Authorised Signatory



07/10/2020

Nileshbhai Sarvaiya

Advised

- CBC

- CRP



**Star Synergy Hospital - A unit of Saurashtra Medicare LLP**

Shop No. G1/G2/G3, Ground Floor, Opp. Vishveswar Temple,  
Mavdi Main Road, Rajkot - 360 004

GSTIN : 24ACTFS3332C1Z8

LLPIN : AAD - 2783

www.synergyhospital.co.in

synergyrajkot



Mr. NILESHBHAI SARVAIYA  
 RAJKOT, RAJKOT  
 Tel No : 9033298191  
 PIN No: 360001  
 PID NO: P962000053758  
 Age: 44.0 Year(s) Sex: Male



**Reference:**  
 Sample Collected At:  
 Herama dharmesh prafulbhai (herama lab)  
 S -4,axadham apartment,opp radhe hotel,gokuldharm main road,rajkot-360004.  
 360004

**VID: 9620040041766**

Registered On:  
 07/10/2020 12:19 PM  
 Collected On:  
 07/10/2020 12:19PM  
 Reported On:  
 07/10/2020 01:46 PM

### CBC Haemogram

Investigation	Observed Value	Unit	Biological Reference Interval
<b><u>Erythrocytes</u></b>			
Haemoglobin (Hb)	15.2	gm/dL	13.5-18
Erythrocyte (RBC) Count	4.90	mill/cu.mm	4.7-6.0
PCV (Packed Cell Volume)	44.7	%	42-52
MCV (Mean Corpuscular Volume)	91.3	fL	78-100
MCH (Mean Corpuscular Hb)	<b>31.1</b>	pg	27-31
MCHC (Mean Corpuscular Hb Concn.)	34.1	g/dL	32-36
RDW (Red Cell Distribution Width)	<b>14.1</b>	%	11.5-14.0
<b><u>Leucocytes</u></b>			
Total Leucocytes (WBC) count	<b>12,900</b>	cells/cu.mm	4000-10500
Neutrophils	72	%	40-80
Lymphocytes	20	%	20-40
Monocytes	7	%	2.0-10
Eosinophils	1	%	1-6
Basophils	0	%	0-2
Absolute Neutrophils Count	<b>9288</b>	/c.mm	2000-7000
Absolute Lymphocyte Count	2580	/c.mm	1000-3000
Absolute Monocyte Count	903	/c.mm	200-1000
Absolute Eosinophil Count	129	/c.mm	20-500
Absolute Basophil Count	<b>0</b>	/c.mm	20-100
<b><u>Platelets</u></b>			
Platelet count	395000	/ μl	150000-450000
MPV (Mean Platelet Volume)	7.2	fL	6-9.5
PCT ( Platelet Haematocrit)	0.286	%	0.2-0.5
PDW (Platelet Distribution Width)	<b>17.1</b>	%	9-17

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology Hb measured by Photometric measurement, other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically. Differential count is based on approximately 10,000 cells.

Dr. Sonam R. Maniar | Dr. Hardip Dharsandia | Dr. Kalpesh P. Hathi | Dr. Krishna Detroja | Dr. Jignesh V. Patel | Dr. Kirit P. Patel  
 M.D. (MICRO) | M.B. DCP (PATH.) | M.D. (PATH.) | M.D. (PATH.) | M.D. (PATH. & BACT.) | M.D.(PATH. & BACT.)



This is computer generated medical diagnosis report that has been validated by an Authorized Medical Practitioner / Doctor.  
 The Report does not need physical signature.  
 Results relate only to the sample as received. Refer to conditions of reporting overleaf.  
**Jignesh Patel**  
 M.D.(PATH & BACT.)

\*Test not under NABL scope      \*\*Referred Test

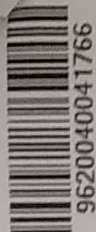
NABL Accredited



Certificate No. : MC-2724

## INNER HEALTH REVEALED

# Medical Laboratory Report



Mr. NILESHBHAI SARVAIYA  
RAJKOT, RAJKOT  
Tel No : 9033298191  
PIN No: 360001  
PID NO: P962000053758  
Age: 44.0 Year(s) Sex: Male



Reference:  
Sample Collected At:  
Herama dharmesh prafulbhai (herama lab)  
S -4, axadhm apartment, opp radhe hotel, gokuldharm main road, rajkot-360004. 360004

VID: 9620040041766  
Registered On: 07/10/2020 12:19 PM  
Collected On: 07/10/2020 12:19 PM  
Reported On: 07/10/2020 01:46 PM

Investigation	Observed Value	Unit	Biological Reference Interval
CRP - C Reactive Protein (Serum, Immunoturbidometry)	5.1	mg/L	0-5

### Interpretation :

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

-- End of Report --

Dr. Sonam R. Maniar M.D. (MICRO) | Dr. Hardip Dharsandia M.B. DCP (PATH.) | Dr. Kalpesh P. Hathi M.D. (PATH.) | Dr. Krishna Detroja M.D. (PATH.) | Dr. Jignesh V. Patel M.D. (PATH. & BACT.) | Dr. Kirit P. Patel M.D.(PATH. & BACT.)



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Page 2 of 2  
Jignesh Patel.  
M.D.(PATH & BACT.)

\*Test not under NABL scope

\*\*Referred Test

NABL Accredited



INNER HEALTH REVEALED



# Metropolis Healthcare Limited Medical Laboratory Report



Vidyavihar : Unit no.409-416,4th Floor,Commercial I,A-Wing,Nr.Kohinoor Mall,Kohinoor City,Kirol Road,Off LBS Marg,Opp.Holy Cross School,Kurla(W),Mumbai - 70  
 Gamdevi : Shree Niketan,8,Kashilbai Navrange Marg,Near Gamdevi Police station,Mumbai-70  
 Prabhadevi : 3,View CHS,V.S.Marg,Opp.Bengal Chemical,Behind Panchamurt Resturant, Prabhadevi - 25  
 Churchgate : #13,Firuz Ara,160 Backbay Reclamation,Madam Cama Road,Opp.Mantrayala, Mumbai-21.

Customer Care No. 022 - 33993939.

Name : Mr. NILESHBHAI SARVAIYA Bill Date : 07/10/2020 12:19 PM  
 Patient No : P962000053758 Bill No : 96200464945  
 Visit No. : 9620040041766 Contact No : 9033298191  
 Age/Sex : 44.0 Year(s) / M Email :  
 Ref Doctor : Mode of Delivery : Email,Sms  
 Patient History :

Client / Insurance Provider : HERAMA DHARMESH PRAFULBHAI (HERAMA LAB)( RJ0298 )  
 360001

Tests	EARLIEST REPORT TIME	Amount
Complete Hemogram	07/10/2020 07:00 PM	220.00
CRP C Reactive Protein Serum	07/10/2020 07:00 PM	350.00
Gross Total :		570.00
Tax :		0.00
Grand Total :		570.00 INR

The final reports will be electronically released on 07/10/2020 07:00 PM.  
 Subsequently you may collect hard copy from any metropolis centre during working hours.

Category Of Service : Health Services by a clinical establishment.

BILLED BY : RUTU VADALIA

CIN(Corporate Identity Number) : U73100MH2000PLC192798

NOTE: This is Computer Generated Bill / Receipt hence does not require any seal or signature.

Dr. Sonam R. Maniar | Dr. Hardip Dharsandia | Dr. Kalpesh P. Hathi | Dr. Krishna Detroja | Dr. Jignesh V. Patel | Dr. Kirit P. Patel  
 M.D. (MICRO) | M.B. DCP (PATH.) | M.D. (PATH.) | M.D. (PATH.) | M.D. (PATH. & BACT.) | M.D.(PATH. & BACT.)

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 \*Test not under NABL scope \*\*Referred Test



Certificate No. : MC-2724

INNER HEALTH REVEALED

06 / 10 / 2020

Vishesh Garvraiyee



Syrup Ascorut-D

— 1-0-1 tomr

Ors powder



**Star Synergy Hospital - A unit of Saurashtra Medicare LLP**

Shop No. G1/G2/G3, Ground Floor, Opp. Vishveswar Temple,  
Mavdi Main Road, Rajkot - 360 004

[www.synergyhospital.co.in](http://www.synergyhospital.co.in)

GSTIN : 24ACTFS3332C1Z8

LLPIN : AAD - 2783

f/synergyrajkot

## Radhe Pharmacy

Raghunath Complex, Shop No. 1, Next to Cental Mall  
Nana Mava Road, Rajkot MO-9909034347

Doctor : .M.O.GOV.HOSPITAL

Bill of Supply

Cash Memo

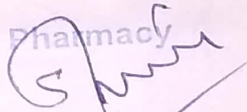
Patient : NILESHBHAI SARVAIYA

Bill No G-5299

Address :

Date 06/10/2020

Qty	Description	Packing	Batch	Mfg.	MRP	Exp.Dt	Amount
1	ASCORIL-D SYRUP	100 ML	170	GLENMARK	113.00	12/2021	113.00
3	ORS POWDER	28.5 GM.	293	CIPLA G.	19.00	01/2022	57.00

Radhe Pharmacy  
  
Proprietor

Subject to Rajkot Jurisdiction. E.&O.E.

(Entry 2 )

D.L. Nos.: 20 GJ RAJ 128711 21 GJ RAJ 126712

GST NO.: 24ABRPJ8459N1ZR

Sub Total 170.00  
Less Discount 17.00  
Grand Total 153.00

For, Radhe Pharmacy

3/10/20

Nilgubhai Samant



Electrol powder — 3



TAB

Sperles - ds 1-0-1 — 10



*[Handwritten signature]*



fb/synergyrajkot

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Opp. Vishveswar Temple,  
Mavdi Main Road, Rajkot - 360 004  
www.synergyhospital.co.in

Zone - 3  
યજ્ઞી મેન



**CASH MEMO (Pharmacy)**

GSTIN : 24ACTFS3332C1Z8  
LLPIN : AAD-2783  
Drug L. No.: GJ-RAJ-175636 To  
GJ-RAJ-175641

Date : 2/10/2020  
Cash Memo No. : 485

Patient Name : Nileshbhai Sarvaiya Age / Sex : 44 y  
Address : Home care IP No. :  
Dr. Name : UHID No. :

Sr. No.	Item Name	Batch No. / Exp. Date	Qty.	Amount
①	Electrol Powder	→	3 →	58.17
②	Sporkac -ds tab	→	10 →	49.20
			Total Rs.	107/-

For, Saurashtra Medicare LLP

*(Signature)*  
Authorised Signature  
(pharmacy)

PHARMACY BILL

Registration No : 1673/20-21(OUT)  
Patient Name : Nileshbhai  
Age/Gender : 44 Years / Male

Bill Date : 02/10/2020  
Bill No : 13037  
Cons. Dr. :

S No	HSN No.	Description	MFG	Batch	Exp. Dt.	Rate	Qty	Value
1	3004	CEPODEM-XP 325 MG TABLET	SUN	PEX0025	09/21	35.70	10	357.00
2	30049	MEDROL 16 MG TABLET	PFIZER	DE0812	10/24	9.60	5	48.00
3	30049099	Syrup Ascoril D Syrup	GLENMA RK	11200370	01/22	113.00	1	113.00

Net Total Amount : 518.00  
GST Amt. : 55.50

User Name :  
LLPIN:-AAD-2783

DL NO.:20-152013/20B-152015/21-152014/21B-152016

GST NO.:24ACTFS 3332 C1Z8

Check the Medicine With Your Doctor Before Using  
To Return Medicines - Original Bill is Required  
Subject to Rajkot Jurisdiction Only.

E.& O.E

Pharmacist Sign



This bill was printed using CARESOFT HIS / www.caresoft.co.in on 02/10/2020 at 16:18:43

Page 1 of 1

PHARMACY BILL

Registration No : 2000/20-21(OUT)  
Patient Name : NILESH BHAI  
Age/Gender : 44 Years / Male

Bill Date : 17/10/2020  
Bill No : 15909  
Cons. Dr. :

S No	HSN No.	Description	MFG	Batch	Exp. Dt.	Rate	Qty	Value
1	3004	CEPODEM-XP 325 MG TABLET	SUN	PEX0027	10/21	35.70	10	357.00
2	30049	MEDROL 16 MG TABLET	PFIZER	DR2625	10/24	9.60	5	48.00
3	30049099	ASCORDIL -D SYRUP	GLENMA RK	11200370	01/22	113.00	1	113.00
4	624805014	Respirometer Romson		GRM20H203	07/24	703.00	1	703.00

No

Net Total Amount : 1,221.00  
GST Amt. : 130.82

Pharmacist Sign



User Name :  
LLPIN:-AAD-2783  
DL NO.:20-152013/20B-152015/21-152014/21B-152016  
GST NO.:24ACTFS 3332 C1Z8  
Check the Medicine With Your Doctor Before Using  
To Return Medicines - Original Bill is Required  
Subject to Rajkot Jurisdiction Only.

E.& O.E

This bill was printed using CARESOFT HIS / www.caresoft.co.in on 17/10/2020 at 14:18 40

Page 1 of 1

# PATANJALI CHIKITSALAY

C/O SHREE ENTERPRISE

OPP. BALAJI HALL, NR. BOB 150FT RING ROAD, RAJOT

CONTACT NO : 8460099940

CASH BILL

COUNTER 2

Bill No : CA23575

Date

02/10/2020

Counter : SHRE

Time

13:20

Particulars	Qty	MRP	GST%	Amount
CORONIL TABLET (80-T)	1	400	12	400.00

Total Amt: 400.00

GST%	SGST%	Tax Amt	CGST%	Tax Amt	T. Tax / m
12.0	6.00	21.43	6.00	21.43	42.86

YOUR ID : 400.00

AMOUNT RETURN BY US 0.00

Rupees Four Hundred Only

GST TIN NO : 24ACGPP7549F1ZE

'Subject to Rajkot Jurisdiction

NAME

01 CUSTOMER

--- Thank You ! Visit Again ---

Good, Rajkot - 360 004



05/10/2

Nirekshini Samraya



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10ml-10ml-10ml

ORS. Ponder



FB/synergyrajkot

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Mavdi Main Road, Rajkot - 360 004

www.synergyhospital.co.in

GSTIN : 24ACTFS3332C1Z8

LLPIN : AAD - 2783

**TO BE FILLED IN BY THE INSURED**

The issue of this Form is not to be taken as an admission of liability  
(To be filled in block letters)

**DETAILS OF PRIMARY INSURED**

a) Policy No.	H03A0699			b) SI. No./Certificate No.	
c) Company/TPA ID No.					
d) Name	SARVAIYA NILESH				
e) Address	BLOCK NO-19/B, RAJNAGAR, SHERI-A, NANA MAVA ROAD,				
City	RAJKOT				
State	GUJARAT			Pin Code	360004
Ph. No.	9824459189			Email ID	vraj.kotadiyer2009@gmail.com

**DETAILS OF INSURANCE HISTORY**

a) Currently covered by any other Medclaim/Health Insurance	Yes	No	<input checked="" type="checkbox"/>
b) If yes, Company Name			
Policy No.		Sum Insured (₹)	
c) Date of commencement of first Insurance without break	DD / MM / YYYY	(Copies of Policies to be attached)	
d) Have you been hospitalized in the last 4 years? (since inception of the contract)	Yes	No	Date
			DD / MM / YYYY
	Diagnosis		
e) Have you been covered by any other Medclaim/Health Insurance in last 4 years	Yes	No	<input checked="" type="checkbox"/>
f) If yes, Company Name			

**DETAILS OF INSURED PERSON HOSPITALIZED**

a) Name	SARVAIYA NILESH		
b) Gender	Male	Female	<input checked="" type="checkbox"/>
c) Age	years	months	8
d) Date of Birth	26/01/1976		
e) Relationship to Primary insured	Self	Spouse	<input checked="" type="checkbox"/>
	Other	(Please Specify)	
f) Occupation	Service	Self Employee	<input checked="" type="checkbox"/>
	Other	(Please Specify)	
Address (if different from above)	Same as above		
City			
State			
Ph. No.			
Email ID			

**DETAILS OF HOSPITALIZATION**

a) Name of Hospital where Admitted	STAR HOME CARES		
b) Room Category occupied	Day Care	Single occupancy	Twin sharing
			3 or more beds per room
c) Hospitalization due to	Injury	Illness	<input checked="" type="checkbox"/>
			Maternity
d) Date of Injury/Date of Disease first detected/Date of Delivery	DD / MM / YYYY		
e) Date of Admission	02/10/2020	f) Time	
g) Date of Discharge	12/10/2020	h) Time	
i) If injury give cause	Self inflicted	Road Traffic Accident	
Substance Abuse/Alcohol consumption	i. if Medico legal		
	Yes	No	<input type="checkbox"/>
ii. Reported to police	Yes	No	<input type="checkbox"/>
iii. MLC Report & Police FIR attached	Yes	No	<input type="checkbox"/>
j) System of Medicine			
k) Date of Surgery	DD / MM / YYYY	l) Claim Intimated	Yes
			No
i. Intimated to whom	SBU	Intermediaries	Call Centre
			Health Claims Team
ii. Intimation No. & date			
iii. If not Intimated, reason?			

**DETAILS OF CLAIM**

a) Details of the treatment expenses claimed	
i. Pre-hospitalization Expenses ₹	ii. Hospitalization Expenses ₹ <b>35,469</b>
iii. Post-hospitalization expenses ₹	iv. Health-Check up Cost ₹
v. Ambulance Charges ₹	vi. Others (code) ₹
vii. Pre-hospitalization period days	<b>Total</b> ₹
	viii. Post hospitalization period days

b) Claim for Domiciliary Hospitalization Yes  No  (If yes, provide details in annexure)

c) Details of Lump sum/cash benefit claimed	
i. Hospital Daily Cash ₹	ii. Surgical Cash ₹
iii. Critical Illness Benefit ₹	iv. Convalescence ₹
v. Pre/Post hospitalization Lump sum benefit ₹	vi. Others ₹
	<b>Total</b> ₹

<b>Claim Documents Submitted - Check List</b>	Operation Theatre Notes
Claim Form Duly signed <input checked="" type="checkbox"/>	ECG
Copy of the claim intimation	Doctor's request for investigation
Hospital Main Bill <input checked="" type="checkbox"/>	Investigation Reports (CT/MRI/USG/HPE)
Hospital Break - up Bill <input checked="" type="checkbox"/>	Doctor's Prescriptions <input checked="" type="checkbox"/>
Hospital Bill Payment Receipt <input checked="" type="checkbox"/>	Pre-Hosp. Bills
Hospital Discharge Summary <input checked="" type="checkbox"/>	Post-Hosp. Bills
Pharmacy Bill <input checked="" type="checkbox"/>	Others

**DETAILS OF BILLS ENCLOSED**

Sl. No.	Bill No.	Date	Issued by	Towards (Hospitalization/Pre-hospitalization/Post-hospitalization)	Amount (₹)
1	12082	02/10/2020	Delta	Hospitalization	2500
2	13037	02/10/2020	Star synergy	"	518
3	485	03/10/2020	"	"	107
4	4945	07/10/2020	Metropolis	"	570
5	23575	02/10/2020	Patanjali	"	400
6	5-5299	06/10/2020	Radhe	"	153
7	698/20-21	12/10/2020	Star Home	"	30000
8	15909	17/10/2020	Star synergy	Post Hospitalization	1221
9					
10					

Do you want to opt for Automatic Reinstatement of Sum Insured in the event of a claim? If, Yes, applicable premium at short period rates would be deducted from the claim amount due to you. This reinstated sum will not be available for the same hospitalization. It will be available for treatment (other than certain chronic diseases) including the same illness or disease but separate independent case of hospitalization which are not case of relapse within 45 days of first hospitalization. Please contact the agent/our office for further details: Yes  No

**DETAILS OF PRIMARY INSURED'S BANK ACCOUNT (Please submit a cancelled cheque copy for NEFT)**

a) PAN <b>DQNPSS5194F</b>	b) Account Number <b>07460100000351</b>
c) Bank Name and Branch <b>BANK OF BARODA</b>	e) IFSC Code <b>BARBORINRAJ</b>
d) Cheque/DD Payable details	

**DECLARATION BY THE INSURED**

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA/Insurance company, to seek necessary medical information/documents from any hospital/Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills/receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

*Ngan*  
Signature of the Insured

Place: *Rajkot*

Date: *20/10/2020*

**Important:**

1. Please submit copy of valid Photo ID.
2. For claimed amount above 1 lac, it is mandatory to submit the KYC (Know your customer) form.

# CLAIM FORM - PART B

Annexure - III

## TO BE FILLED IN BY THE HOSPITAL

The issue of this Form is not to be taken as an admission of liability  
(To be filled in block letters)

Please include the original preauthorization request form in lieu of PART A

### DETAILS OF HOSPITAL

a) Name of the Hospital	STAR HOME CARES									
b) Hospital ID	W39978									
d) Name of the treating doctor	DR JAJESH KUMAR DOBARKIYA									
e) Qualification										
f) Registration No. with State Code										
g) Ph No.	7063976482									

### DETAILS OF THE PATIENT ADMITTED

a) Name of the Patient	SARVAJJA NILESH LALSINUBHAJ									
b) IP Registration Number										
e) Date of birth			c) Gender	Male	Female	d) Age	Years	Months		
h) Date of Discharge	12/10/20		f) Date of Admission	09/10/20		g) Time				
j) Type of Admission	Emergency		Planned		Day Care		Maternity			
k) If Maternity	i. Date of Delivery				ii. Gravida Status					
l) Status at time of discharge	Discharge to home		Discharge to another hospital		Deceased					
m) Total Claimed Amount										

### DETAILS OF AILMENT DIAGNOSED (PRIMARY)

a) i. Primary Diagnosis	ICD 10 Codes					Description				
ii. Additional Diagnosis						Covid-19 positive				
iii. Co-morbidities										
iv. Co-morbidities										
b) i. Procedure 1	ICD 10 Codes					Description				
ii. Procedure 2										
iii. Procedure 3										
iv. Details of Procedure										
c) Present ailment is a complication of PED?	Yes	No	<input checked="" type="checkbox"/> (If Yes, specify details)							
d) Pre-authorization obtained	Yes	No	<input checked="" type="checkbox"/>							
e) Pre-authorization Number										
f) If authorization by network hospital not obtained, give reason										
g) Hospitalization due to Injury	Yes	No	<input checked="" type="checkbox"/> i. If Yes, give cause			Self-inflicted	Road Traffic Accident			
Substance abuse/alcohol consumption			ii. If injury due to Substance abuse/alcohol consumption. Test Conducted to establish this			Yes	No	<input checked="" type="checkbox"/> (If Yes, attach reports)		
iii. If Medico legal	Yes	No	<input checked="" type="checkbox"/> iv. Reported to Police			Yes	No	<input checked="" type="checkbox"/> v. FIR No.		
vi. If not reported to police give reason										

### CLAIM DOCUMENTS SUBMITTED - CHECK LIST

Claim Form duly signed	Operation Theatre notes	Doctor's reference slip for investigation	
Original Pre-authorization request	Hospital main bill	ECG	
Copy of the Pre-authorization approval letter	Hospital break-up bill	Pharmacy bills	
Copy of photo ID card of patient verified by hospital	Investigation reports	MLC report & Police FIR	
Hospital Discharge summary	CT/MR/USG/HPE investigation reports	Original death summary from hospital where applicable	
Any other, please specify			

### ADDITIONAL DETAILS IN CASE OF NON NETWORK HOSPITAL (Only fill in case of non-network hospital)

a) Address of the Hospital											
OPP VISHVESHWAR MAHADEV TEMPLE											
City											
RAJKOT											
State											
GUJARAT											
b) Phone No.						c) Registration No.					
7069976482						360004					
Date of Registration				Expiry date of Registration							
Name of the Registering Authority											
d) PAN											
f) Facilities available in the hospital						e) Number of Inpatient beds					
iii. Others						i. OT		Yes		No	
								<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

### DECLARATION BY THE HOSPITAL (PLEASE READ VERY CAREFULLY)

We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any false or untrue statement, suppression or concealment of any material fact, our right to claim under this claim shall be forfeited. The signature of the insured is taken on this form after Claim Form B is fully filled up by us.


Hospital have required infrastructure to fulfill the hospital definition as per IRDA guideline, which is reproduced below:

- Has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places
- Has fully qualified nursing staff under its employment round the clock
- Has fully qualified doctor(s) in charge round the clock
- Has a fully equipped operation theatre of its own where surgical procedures are carried out.
- Maintains daily Medical records of patients and will make these accessible to the Company's authorized personnel.

Place: Rajkot

Date: 19/10/2020

Signature of Insured/Claimant

  
Signature and Seal of the Hospital Authority



SMART

રાજકોટ  
"શ્રીમદ્ ગાંધી સ્મૃતિ"

# રાજકોટ મહાનગરપાલિકા

## આરોગ્ય શાખા

### ફોર્મ-ક

દી બોમ્બે નર્સિંગ હોમ રજીસ્ટ્રેશન એક્ટ - ૧૯૪૯ (નિયમ-૫)

**નોંધણી પ્રમાણપત્ર**

આથી પ્રમાણપત્ર આપવામાં આવે છે કે, શ્રી/શ્રીમતી ડૉ. નરશી વેકરીયા ની  
દી બોમ્બે નર્સિંગ હોમ રજીસ્ટ્રેશન એક્ટ ૧૯૪૯ હેઠળ સ્ટાર સિનર્જી હોસ્પિટલ (અ યુનિટ ઓફ સૌરાષ્ટ્ર મેડીકેર એલ.એલ.કે. જે  
મવડી મેન રોડ રાજકોટ

ખાતે આવેલ છે, તેઓની નોંધણી કરવામાં આવે છે. તથા તેઓને નર્સિંગ હોમ/હોસ્પિટલ ચલાવવા માટે અધિકૃત કરવામાં આવે છે.

નોંધણી નંબર : ૧૯૭  
નોંધણી તારીખ : ૧૨-૦૨-૨૦૦૮  
સ્થળ : રાજકોટ  
પ્રમાણપત્ર આપ્યાની તારીખ : ૧૫-૦૬-૨૦૨૦

આ નોંધણી પ્રમાણપત્ર

૩૧-૦૩-૨૦૨૫

સુધી માન્ય ગણાશે.



*(Signature)*

મેડિકલ ઓફિસર ઓફ હેલ્થ  
રાજકોટ મહાનગરપાલિકા