

28th April 2015

The Joint Commissioner
Food And Drug Administration
Survey No 341, 2nd Floor, Bandra East, Mumbai - 400051,
Bandra Kurla Complex.
+(91)-22-26592363, +(91)-9730431414

Dear Sir,

Subject: Drugs sold above MRP at Maruti Nursing Home, Mulund East

I wish to bring to your notice the following:

1. My wife Late Smt. Kamini Umeshchandra Barkur was admitted on 9th June 2014

To:

Maruti Nursing Home
Gokhale Road, Hanuman Chowk
Mulund East, Mumbai 400081.

2. My wife was shifted after 6 days in a very critical condition and she succumbed to death on 24th June 2014.

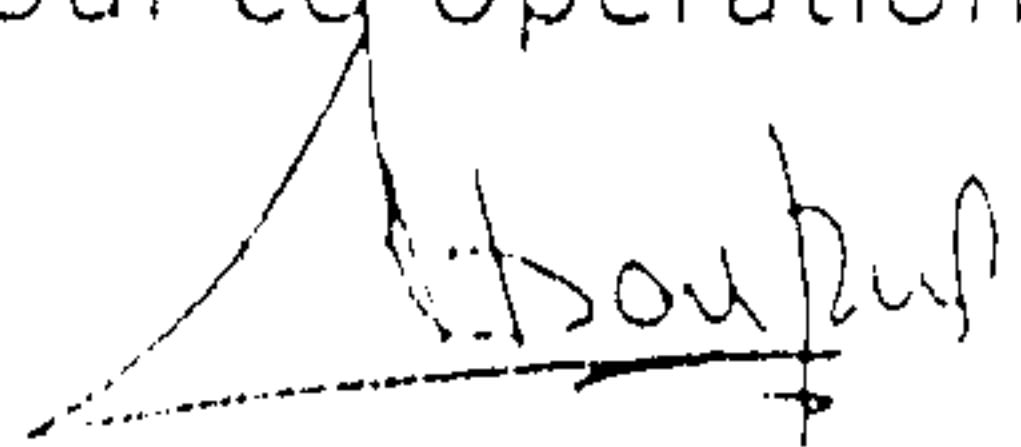
3. I am attaching the following for your perusal and necessary action:

- Admission Form of the patient late Smt. Kamini U. Barkur.
- Photocopy of drugs Rokfos and Ferium given to my wife showing MRP as **Rs. 2,950** and **Rs. 1,679** respectively.
- Purchase bill from Maruti Nursing Home for drug Rokfos at Rs. 2,950.
- Hospital Bill from Maruti Nursing Home showing the price charged to the patient as **Rs. 3,500** and **Rs. 1,800** respectively.
Nursing/IV charges are charged separately.
Ward procedures are charged separately.

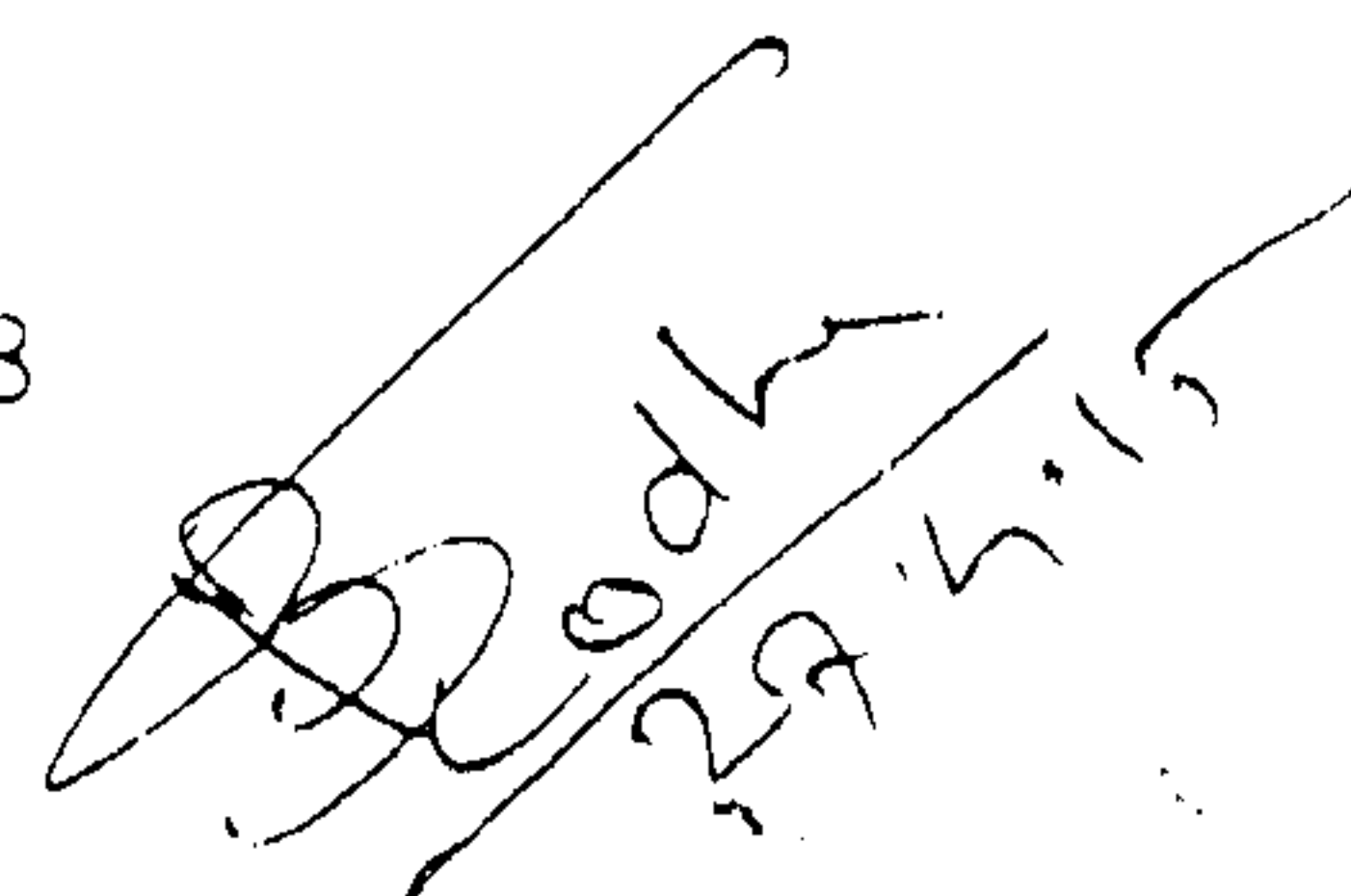
I wish to register a complaint with FDA against Maruti Nursing Home for charging me rates above the Maximum Retail Price.

Thanking you for your co-operation and necessary action.

Yours Sincerely,


Umeshchandra Chandu Barkur

A-15, Neeta Apartments, Chaphekar Bandhu Marg
Mulund East, Mumbai 400081. Mobile : 9820117923


29.4.15



MARUTI NURSING HOME

TRAUMA, MATERNITY & GENERAL HOSPITAL

Gokhale Road, Hanuman Chowk, Mulund (E), Mumbai - 81. • Tel. : 022 - 2563 1144 / 90229 6690

PATIENT INFORMATION :

Name in full ~~MR/MRS/MS.~~ : KAMINI U. BARKUR
Sex : M/F Age : 48 Address : A-15, Newa Apts Chophelal Barkur
Land line : _____ Mob. : 9820117923 Mary Mulund 081

RELATIVE INFORMATION :

Name in full : Umeshchandra Barkur Relationship : Spouse
Address : A-15 Newa Apts Land Line : _____ Mob. : 9820117923
Admitted on : 09/06/2014 Time : 12:15 p.m. Ward : Senior
Reg No. : _____ Bed No. : _____ Class : _____

DEPOSIT Paid Rs. : 10,000/- 11/01/14 On Date : _____

Consultant in Charge Dr. Dr. V. S. Chaudhary

Ref Dr. Dr. A.K. Telephone No : _____

PROVISIONAL DIAGNOSIS : C-Spond / Stiff Neck

GENERAL CONSENT CUM UNDERTAKING (TO SIGN ON ADMISSION) :

I agree and give my consent to any examination and procedure including operation, anaesthesia, HIV testing, blood transfusion, X-ray, sonography, C.T. Scan, M.R.I., I.V. medicines as considered necessary by the doctors for the diagnosis and treatment of my disease. I will not hold the hospital or the doctors concerned responsible for any untoward event that may result from their bonafide action in this respect.

I also agree to abide by the Hospital Rules. Pay bill when presented and not to keep any valuables or money with me of the loss of which I will not hold the Hospital responsible.

Date 9/6/2014 Pts. Sign. Kamini

TO SIGN ON DISCHARGE :

I / We have received all my reports, understood precautions & advice on discharge, dosage & timing of medicines & followup schedule.

Date 14/06/14 Pts. Sign. _____
14 JUN 2014 12 NOON

DISCHARGE INFORMATION :

Discharged / Expired / Left against Medical Advice / Transferred to : _____

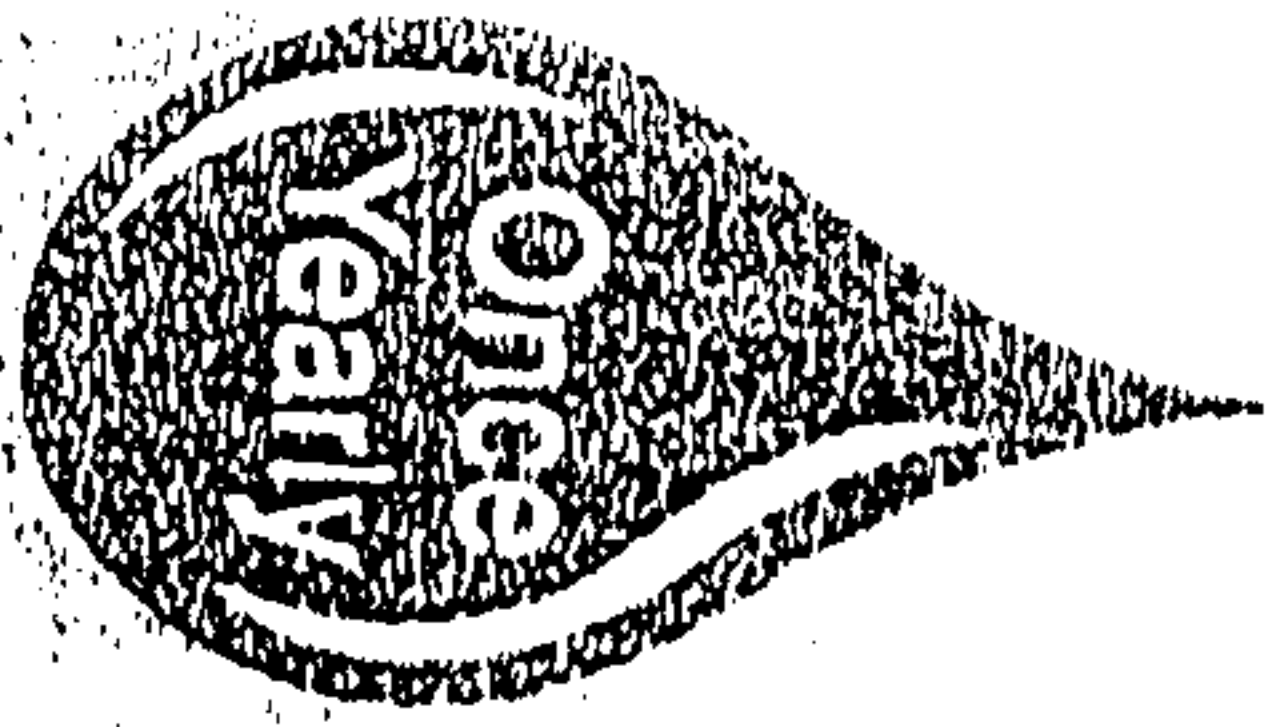
Date of Discharge : 14/06/14 Time of Discharge : _____

FINAL DIAGNOSIS :
Dr. Anil Dole visit on 11/6/14
Dr. Subhas Chandra 11/6
Dr. R.K. Soni & Gargya Scopy - 13/6/14 (Pending)
Dr. Sign _____

rokfos

FOR IV USE ONLY

100 ml



Cipla

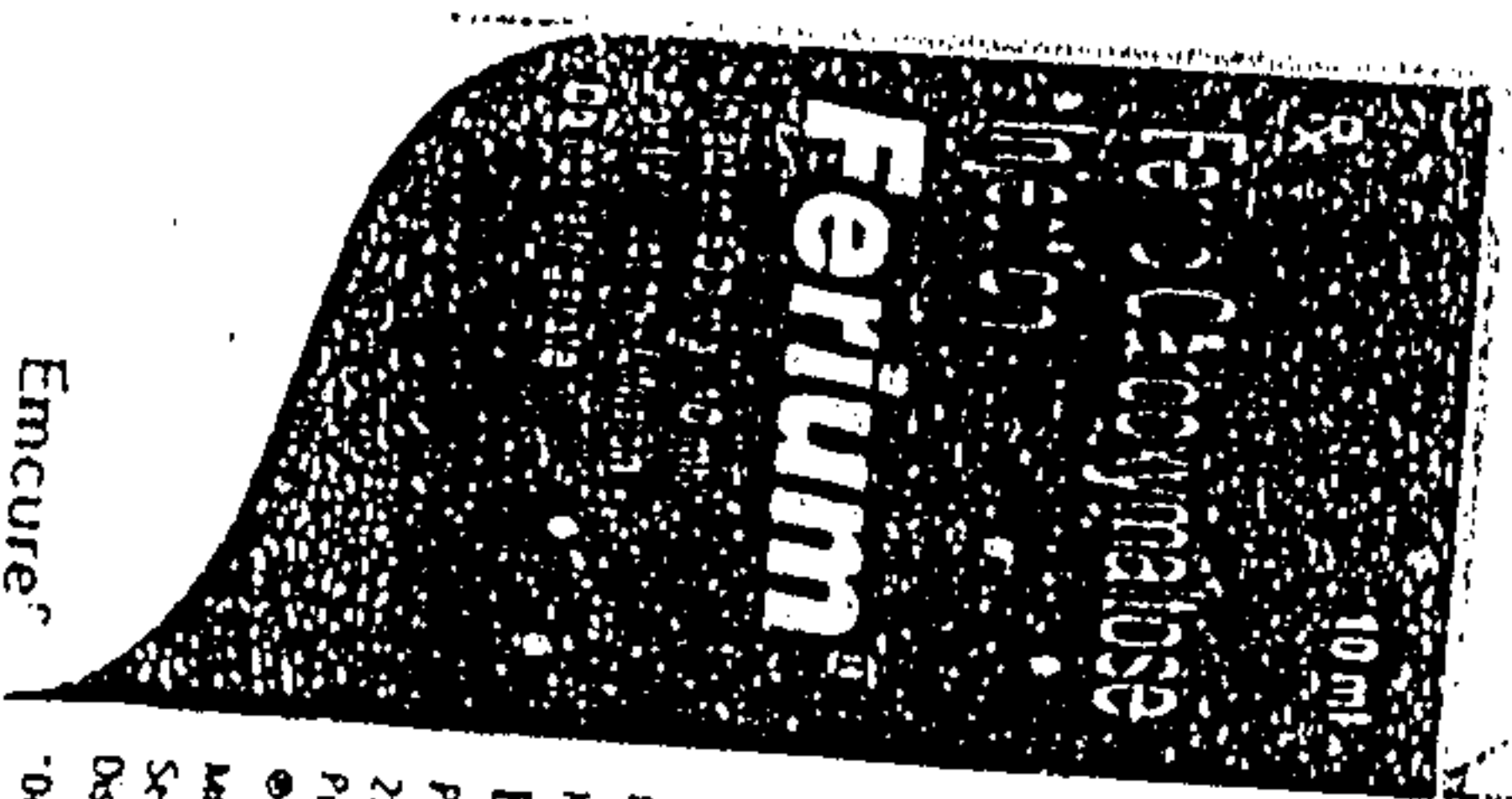
Zoledronic acid solution
for infusion 5 mg/100ml
rokfos

Each 100 ml contains:
Zoledronic acid monohydrate equivalent
to Zoledronic acid anhydrous 5 mg
Dosage: As directed by the physician
Store at 25°C, excursions permitted to
15-30°C
Keep out of reach of children.
Do not mix with calcium containing solutions
for single use only.

Schedule H drug - Warning:
To be sold by retail on the
prescription of a Registered
Medical Practitioner only.

M. R. P. Rs 1 (Incl. of all Taxes)
R.S. 2950.00
B. No. V40056
M.F.D. FEB 12
EXP. JAN 16

M.E. 740
Cipla
Mfg by CIPLA LTD.
9690 Ring Estate Gdn - 403 772



Mfg Lic. No. - 45044USCP-2013
Batch No. BVB13001
Mfg. Date: 12/2013
Exp. Date: 11/2015
Maximum retail price ₹: 1675.00
Inclusive of all taxes
8 902319 807035 8
Manufactured by
Emcure
PHARMACEUTICALS LTD
2352, Hapsas
Pune - 411 027, INDIA
© Registered under Trade Marks
Mfg at Plot No 2, J. S. S.
Sector 65, IIT, SION, Mumbai
Dist. Mumbai - 249 505
Do not refrigerate

AGENCY TAX INVOICE

AGENCY
A House Of Surgical Items & Hospital Requisites
 2000/2/ Parvathi Chawl, Ganesh Maidan, Sainath Nagar, Chhatrapati Shivaji Maharaj Road

T : (0) 3240 7399
 93238 58197
 98694 11194
 E : amtagency123@gmail.com

INV. NO. 00788 DATE: 25-04-2014
 M/S DR. MEGHAL GOSWAMI
 MARUTI N HOME
 1 FLOOR, GIRNAR SOC. NEXT TO DOMINOS P1/
 GOKHALI RAOD, HANUMAN CHAWK, MULUND - I
 PHONE NO: 25631144, 95944-05574, 981993370
 D.L. NO. : HOSP REG. NO. 687355923/MMC0292

S.N	MFG	ITEM DESCRIPTION	QTY.	FREE	RATE	BATCH	EXP.	MRP.	VAT%	AMOUNT
1	CEPL	HG SET TAB.	16	4	59.00	GL4075	3/16	77.00	5.00	991.20
2	CEPL	KOKFOS IV	5		2100.00	V40056	1/16	2950.00	5.00	11025.00
3	CEPL	CAL 360 TAB	60		37.50	AS3999	3/15	48.00	5.00	2362.50
<i>SK</i>										

STRICTLY ABOVE DPCO ITEM SOLD AS PER NEW MRP ONLY

SUB TOTAL DISCOUNT VAT CR/DR

13694.00 0.00 684.70 0.00

NET TOTAL 14378.70

RECEIVED BY: *[Signature]* DELIVERED BY: *[Signature]*

DATE: 25-04-2014 FOR AGENCY: *[Signature]*

ITEMS: 3 RECEIVED BY: *[Signature]*

DELIVERED BY: *[Signature]*

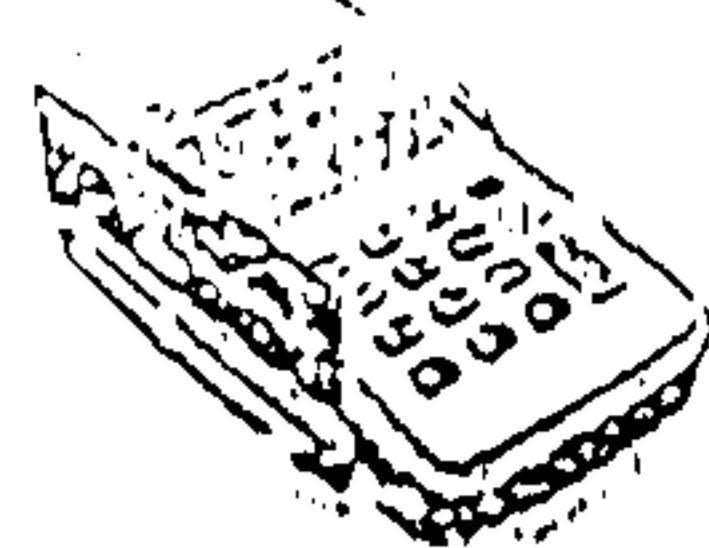
DATE: 25-04-2014 FOR AGENCY: *[Signature]*

D.L. No: MZS-2/15/86/1041
 MZS-2/15/86/1029
 MZS-2/15/86/1187

Tim VAT No: 27780378110 V
 Tim CST No: 27780378110 C

IV FLUIDS • INJECTABLES • SURGICALS • MATERNITY PRODUCTS

E 30 E



HOSPITAL BILL EST - MNH / RNH

Name: Mrs. Samini Baskar
 DOB: 9/05/44 DOD 14/06/14 Category: Twin's baby

1	Indoor registration	400
2	Consulting fee	600
3	Room rent: x days 1500 x 6	9000/-
4	Nursing / IV charges x days 500 x 6	3000/-
5	Ward Procedures: IV / BT / Tx / Foley / BT / ene / ds / pop	2400/-
6	OT charges: Hours: routine / long / emerg	
7	Surgeon Fees: Grade I / II / III / IV / V	
8	Anaesthetist Fees: routine / high risk	
9	Assistant doctor Fees	
10	OT Equipment: BTV / Endoscope	
11	Implant / Instrument	
12	Medical Gases / Boyle / O2 / N2O	
13	Dr Visit: Dr MG: x visits 1200 x 6	7200/-
14	Dr Visit: RMO: x visits 2000 x 2	4000/-
15	Dr Visit: Dr: x visits 2000 x 1	2000/-
16	Dr Visit: Urgent / Night / Home Visits: 2000 x 1	2000/-
17	Dr Visit: Physio: Exer / Elect: x sessions	
18	X-rays: 1000 x 3	3000/-
19	ECG: 2000	2000/-
20	HGT strips / Glucometer	
21	Nebuliser / Bedside Oxygen	
22	Monitors / Infusion pump Top 20 done	3500/-
23	2 D Echo / Doppler / NST	
24	Inhouse medicines / IV fluids Femur	1000/-
25	Ward / OT Replacements / Anaesthesia drugs	
26	Others: Belt, walker, crutch, biomedical	
27	PATHOLOGY LAB In house measure	1000/-
Total Due:		
- Advance Paid / + Previous Balance:		
Balance Due: Rounded (cash / cheque / card)		

Medicine
 Lab tests

Paid 26k
 14 JUN 2014

Please collect all your reports & spare time to complete our feedback form!
 Please Cheques payable to MARUTI NURSING HOME
 Pathology lab / MRU/CT scan/ Ambulance/ Outside Medicines are charged separately

Feedback form: My rating for your Hospital

SERVICES	BAD	OK	GOOD	TOO GOOD
1	Emergency treatment			
2	Hospital Cleanliness			
3	Nursing staff service			
4	Housekeeping: Dress, bedsheet, fan, ac, tv, tea, bell response time, toilets			
5	Doctors - Consultants			
6	Doctors - RMO			
7	Doctors - Visiting			
8	Physiotherapy service			
9	Anaesthesia service			
10	Other hospital staff - wardboy/ayya			
11	Satisfaction with surgery and overall treatment			

Best / Worst thing about your hospital

37400/-
 10,000/-
 27,400/-
 + Catheter 6000/-
 Taping
 26000/-