

GSTIN: 19AAECA5407E1ZY

OP Credit - Bill of Supply

Reference No :

Name : Mrs. CHANDANA GUPTA

Age: 63Yr 0Mth 6Days

UHID AGMC.0000374730

Sex: Female



Guardian : SELF

Name Address : 11 CENTRAL PARK JADAVPUR KOL-32 Kolkata West
Bengal India 000000, CellNo:91-9433076660

OP Number: AGMCOPP426949



Doctor's Name : Dr. BIKAS BHATTACHARYA
Speciality : OPHTHALMOLOGY
Payer Name(1) : HERITAGE HEALTH SERVICES PVT LTD AGREEMENT

Bill No : AGMC-OCR-37354

Date : 31-May-23 Time : 15:06:09



Ref No : ---

Authorization No :

Employer Name : HERITAGE HEALTH INSURANCE TPA PVT LTD

FOR APOLLO MULTI SPECIALITY HOSPITALS

Bill Amount: ₹. 42,700.00

Amount in words: ₹ Forty-Two Thousand Seven Hundred Only

S.No	Aliascode	Service Type/ServiceName	Department	Qty	Amount (INR)
1		Consumables(999311)			
1		EYHANCE	Ophthalmology	1	10,700.00
		Sub Total			10,700.00
2		Package Charges(99931)			
1		MICS 2.2MM PRELOADED LENS (EXCLUDING LENS)	Ophthalmology	1	32,000.00
		Sub Total			32,000.00

Service Amount :	42,700.00
Total Bill Amount	42,700.00
Authorization Amount(1) HERITAGE HEALTH SERVICES PVT LTD AGREEMENT	26,000.00
To Pay (Cash:16,700.00, NonCash:0.00)	16,700.00
Net Amount	26,000.00

No Tax Is Payable on Reverse Charge Basis

* Denotes Cancelled Services (QR) Denotes Quick Registration Authorized Signatory
Ms. Kasturi Pathak Sengupta Signature Of Patient/Attendant
Cashier Relationship with Patient :
DESCRIPTIONS

Page 1 of 1

**KINDLY NOTE: IT IS MANDATORY TO BRING YOUR ORIGINAL BILL FOR COLLECTING THE REPORTS.
PLEASE COLLECT THE REPORT WITHIN 3 MONTHS**

Apollo Medical Centre

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info@apollohospitals.com www.kolkata.apollohospitals.com

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GST IN:19AAECA5407E1ZY

INPATIENT BILL

Name : Mrs.Chandana Gupta	UHID :374730
AGE/SEX :63/Female	Doctor :Bikas Bhattacharya
DOA: 31.05.2023	DOS: 31.05.2023
DOD: 31.05.2023	Bill No:AGMC-OCR
Package Name ::- Tecnis Eyhance	
MICS 2.2MM PRELOADED LENS	
Room Rent	1,500
Operation Theatre Charges (1/2 - 1 hrs)	5500
Surgeons Fee	18,000
Anaesthetists Fee	1,000
OT Consumables & Medicines	6,000
Lense Cost	10700
Package Total	42,700
TPA APPROVED	26000

Received with thanks from Mrs. Chandana Gupta the amount of Rs 16700/-only.

Signature
26-05-2023

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OT & Ward Consumables, Medicines Bill Break-up in package					
Patient Name: Mrs.Chandana Gupta			Surgeon : Dr.Bikas Bhattacharya		
UHID :374730			Surgery Name : Phaco		
Sex :Female			Date : 31.05.2023		
Sl.No	ItemDescription	Unit	Qty Used	Price	Amt
1	B T Set	pcs	1	170	170
2	Disposable Syringe 20ml	pcs	2	15.5	31
3	Disposable Syringe 10ml	pcs	4	8.5	34
4	Disposable Syringe 5ml	pcs	3	5.9	18
5	Disposable Needles	pcs	3	2	6
6	Ocucut LTST 15	pcs	1	165	165
7	Ocucut LTST 16	pcs	1	155	155
8	Ocucut CRBU	pcs	1	750	750
9	Eye Drape polly 700	pcs	1	36	36
10	Eye Dress ED8	pcs	1	420	420
11	Disposable Surgens Cap	pcs	2	18	36
12	Disposable Surgens Mask	pcs	2	15	30
13	Pulse Oximeter		1	1100	1100
14	Inj. Decadron	vial	1	29	29
15	Inj.2% Xylocaine Adrenalin	amp	1	40	40
16	Inj.Occulan	amp	2	15	30
17	Gauze	pcs	10	3	30
18	Inj.Adrenaline 1ml	amp	2	6	12
19	Venflow 20 gm	pcs	1	120	120
20	Disposable Sterile Gloves	Pair	4	45	180
21	Inj. Hynidase	Vial	1	86.75	87
22	Inj.Auroblue	vial	1	110	110
23	Viscomet PF	pcs	2	160	320
24	Surgeon Blade	pcs	1	30	30
25	Inj.Zofer 4mg	amp	1	20	20
26	Paper Gown(sterile)		2	750	1500
27	ECG Electrodes	pcs	4	10	40
28	Disposable cannula	pcs	1	10	10
29	Plain Towel (303)	pcs	2	245.5	491
		Total Bill Amount			6000

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Cashless Authorization Letter

(Part-D)

Claim Number: HH112402016 (Please quote this number for all further correspondence)

Date: 26/05/2023

Authorization is valid for admission up to 10/06/2023

Hospital Name	: APOLLO MEDICAL CENTRE (KOLKATA)	Name of the Insurance Company	: National Insurance Company
Address	: 48/1F, Leela Roy Sarani, Ballygunge, KOLKATA, West Bengal Pin : 700019	Name of TPA	: Heritage Health Insurance TPA Pvt. Ltd.
Rohini ID	: 8900080233720	Proposer Name	: SUDIPTA GUPTA
		Patient's Member	: HHS1.0146643424
		ID/TPA/Insurer Id of the Patient:	
		Relation with Proposer	: Wife

Dear Sir / Madam,

This has reference to the pre-authorization request submitted on 26/05/2023 . We hereby authorize cashless facility as per details mentioned below:

Patient Name	: CHANDANA GUPTA	Age	: 62 Years	Gender	: F
Policy Number	: 100600502210015846	Expected Date of Admission	: 31/05/2023		
Policy Period	: 29/01/2023 To 28/01/2024	Expected Date of Discharge	: 31/05/2023		
Room category	: General Bed	Estimated length of stay	: 1		
Eligible Room	: PRIVATE				
Category as per T&C of Policy Contract					
Provisional Diagnosis	: RIGHT EYE CATARACT	Proposed line of treatment	: RIGHT EYE CATARACT		

Authorization Details :-

Date & Time	Reference Number	Amount	Status
26/05/2023 - 16:08	HH112402016	26000.00	Approved

Total Authorized amount:- Rs. Twenty-Six Thousand Only(In Words)

Authorization Remarks :

PLEASE PROVIDE "PATIENT LENS IMPLANT IDENTIFICATION CARD" ALONG WITH THE STICKER AND TAX INVOICE.

