OP Credit - Bill of Supply Reference No: GSTIN: 19AAECA5407E1ZY Age: 63Yr 0Mth 6Days UHID AGMC.000037 · Mrs. CHANDANA GUPTA Name Sex: Female : SELF Guardian AGMCOPP426949 **OP Number:** : 11 CENTRAL PARK JADAVPUR KOL-32 Kolkata West Name Address Bengal India 000000, CellNo:91-9433076660 AGMC-OCR-37354 Bill No : : Dr. BIKAS BHATTACHARYA **Doctor's Name** : OPHTHALMOLOGY Speciality : 31-May-23 Time: 15:06:09 . HERITAGE HEALTH SERVICES PVT LTD AGREEMENT Payer Name(1) 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 Amount (INR) Qty Department Service Type/ServiceName Aliascode S.Nc Consumables (999311) 1 10,700,00 1 Ophthalmology **EYHANCE** 1 10,700.00 **Sub Total** Package Charges (99931 2 32,000.00 Ophthalmology MICS 2.2MM PRELOADED LENS (EXCLUDING LENS) 32,000.00 Sub Total 42,700.00 Service Amount: 42,700.00 **Total Bill Amount** 26,000.00 HERITAGE HEALTH SERVICES PVT LTD AGREEMENT Authorization Amount(1) 16,700.00 (Cash:16,700.00, NonCash:0.00) To Pay 26,000.00 **Net Amount** No Tax Is Payable on Reverse Charge Basis Authorized Signatory (QR) Denotes Quick Registration **Denotes Cancelled Services** Signature Of Patient/Attendant Ms. Kasturi Pathak Sengupta Relationship with Patient: Cashier 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

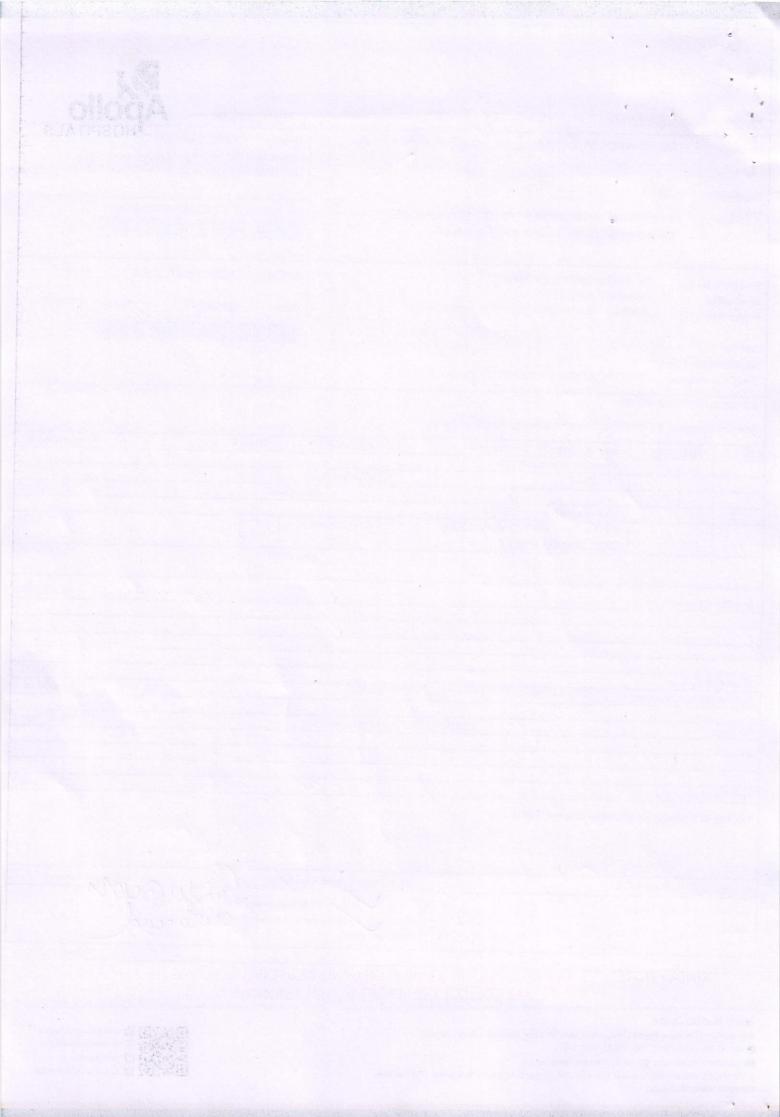
Apollo Medical Centre

(Formerly Apollo Gleneagles Medical Centre), 48/1F, Leela Roy Sarani (Gariahat), Kolkata - 700 019

- +91-33-2461 8028 / 8079 / 3451 / 8547 / 9482 / 8483
- 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		
Anasthesists 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.

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Ser-05-2023



200 30 15 24 49 cm C

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

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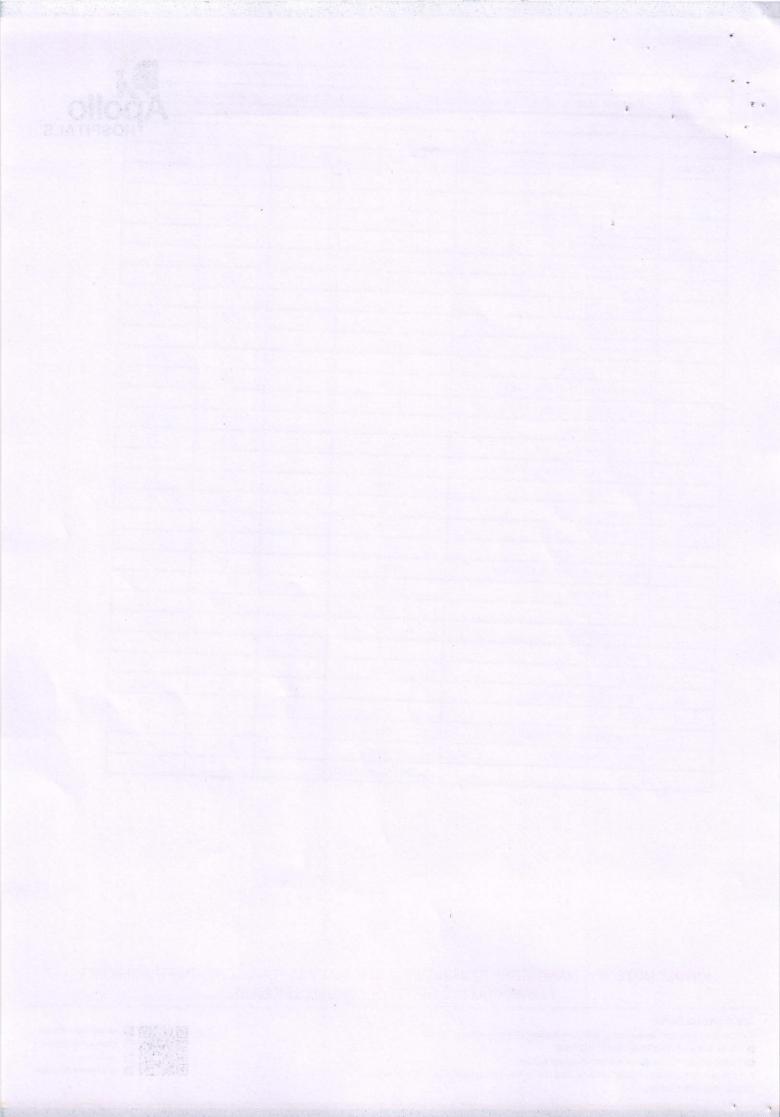
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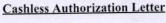
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(Part-D)

Claim Number: MH112402016 (Pleaes quote this number for all further correspondence)

Date: 26/05/2023

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

: APOLLO MEDICAL CENTRE Hospital

Name (KOLKATA) Company

: National Insurance Company

Name of TPA

: Heritage Health Insurance TPA Pvt. Ltd.

: 48/1F, Leela Roy Sarani,

Proposer Name

Name of the Insurance

: SUDIPTA GUPTA

Ballygunge, KOLKATA; West Bengal Patient's Member ID/TPA/Insurer Id of the : HHS1.0146643424

: 8900080233720

Pin: 700019

Patient:

: Wife

Dear Sir / Madam,

Address

Rohini ID

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

Relation with Proposer

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

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.

> Received (Contents not Verified)

Heritage Health Insurance TPA Pvt. Ltd. 7 Hare Street Kalketa: 700001 2nd Floor, MALLIK HA

Janus and ed) 31-05-2023