

City General Hospital

154/11, Bannerghatta Road, Bengaluru - 560076, Karnataka, India

Ph: 080-26304050 | Fax: 080-26771936 | Email: billing@citygeneralhospital.com

GSTIN: 29AACCH1234F1Z5 | Hospital Registration No: KA/BLR/2005/12345

FINAL HOSPITAL BILL

(FOR INSURANCE PURPOSES)

Bill No: CGH/BLR/2025/010456	Date: 14/10/2025	
Patient ID: CGH2025010456	Time: 11:00 hrs	

PATIENT INFORMATION

Patient Name:	Ramesh Kumar
Age/Gender:	28 Years / Male
Address:	45, MG Road, Bangalore - 560001
Contact Number:	+91-9876543210
Email:	ramesh.kumar@email.com

INSURANCE INFORMATION

TPA Name:	Star Health Insurance TPA Ltd.
Policy Number:	STAR/COMP/2024/789012
Authorization Number:	AUTH-2025-67890
Authorized Amount:	₹ 85,000.00

**ADMISSION DETAILS**

Date of Admission:	10/10/2025
Date of Discharge:	14/10/2025
Total Days:	4 Days
Room Type:	Single Private AC Room
Treating Consultant:	Dr. Suresh Patel (MS General Surgery)
Department:	General Surgery
Admission Type:	Emergency

**DIAGNOSIS & PROCEDURE**

Primary Diagnosis:	Acute Appendicitis with Perforation and Localized Peritonitis
ICD-10 Code:	K35.32
Procedure Performed:	Emergency Laparoscopic Appendectomy with Peritoneal Lavage and Drain Placement
ICD-10 PCS Code:	0DTJ4ZZ
Complication (if any):	Intraoperative finding: Perforated appendix with localized abscess (30ml purulent collection)

ITEMIZED BILL DETAILS

Sr.	Description	Qty	Rate (₹)	Amount (₹)
A.	ROOM & BOARDING CHARGES			
1	Room Rent - Single AC (10-14 Oct)	4	4,000.00	16,000.00
2	Nursing Charges	4	600.00	2,400.00
3	Patient Diet	8	150.00	1,200.00
4	Service Charges	4	350.00	1,400.00
	Sub-Total A			21,000.00
B.	CONSULTATION & PROFESSIONAL FEES			
5	Surgeon's Fee (Dr. Suresh Patel)	1	20,000.00	20,000.00
6	Anesthetist's Fee (Dr. Priya Sharma)	1	8,000.00	8,000.00
7	Post-op Consultation Charges	3	600.00	1,800.00
8	Emergency Consultation Fee	1	1,500.00	1,500.00
	Sub-Total B			31,300.00
C.	OPERATION THEATRE CHARGES			
9	OT Charges (Emergency Major Procedure)	1	18,000.00	18,000.00
10	OT Consumables & Supplies	1	2,500.00	2,500.00
11	Surgical Instruments Usage	1	1,200.00	1,200.00

	<b>Sub-Total C</b>			<b>21,700.00</b>
<b>D.</b>	<b>PHARMACY &amp; CONSUMABLES</b>			
12	Inj. Ceftriaxone 1g (IV)	8	180.00	1,440.00
13	Inj. Metronidazole 500mg (IV)	12	120.00	1,440.00
14	Inj. Pantoprazole 40mg (IV)	8	80.00	640.00
15	Inj. Analgesics (IV)	10	150.00	1,500.00
16	IV Fluids (RL, DNS)	12	120.00	1,440.00
17	Oral Antibiotics (Discharge)	1	850.00	850.00
18	Surgical Consumables (drapes, gloves, etc)	1	2,800.00	2,800.00
19	Syringes, Cannula, IV Sets	1	1,200.00	1,200.00
20	Surgical Drain & Dressing Material	1	1,800.00	1,800.00
21	Wound Care Supplies	1	890.00	890.00
	<b>Sub-Total D</b>			<b>14,000.00</b>
<b>E.</b>	<b>IMPLANTS</b>			
	<b>Sub-Total E</b>			<b>0.00</b>
<b>F.</b>	<b>INVESTIGATIONS &amp; DIAGNOSTICS</b>			
22	Complete Blood Count (CBC)	2	400.00	800.00
23	USG Abdomen (Emergency)	1	1,500.00	1,500.00

24	Blood Sugar Random	1	150.00	150.00
25	Serum Electrolytes	1	600.00	600.00
26	Renal Function Tests	1	700.00	700.00
27	Follow-up X-ray Abdomen	1	500.00	500.00
28	CRP	1	800.00	800.00
29	Other Lab Tests	1	950.00	950.00
	<b>Sub-Total F</b>			<b>6,000.00</b>
<b>G.</b>	<b>OTHER CHARGES</b>			
30	Hospital Registration Charges	1	300.00	300.00
31	Medical Records Fee	1	200.00	200.00
32	Bio-medical Waste Disposal	1	400.00	400.00
33	Emergency Room Charges	1	1,500.00	1,500.00
34	Administrative Charges	1	1,100.00	1,100.00
	<b>Sub-Total G</b>			<b>3,500.00</b>
	<b>TOTAL BILL AMOUNT</b>			<b>97,500.00</b>
	<b>Less: Discount</b>			<b>1,000.00</b>
	<b>GROSS BILL AMOUNT</b>			<b>96,500.00</b>
	<b>Add: GST @ 5%</b>			<b>0.00</b>

	<b>NET PAYABLE AMOUNT</b>			<b>96,500.00</b>
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#### PAYMENT DETAILS

<b>Mode of Payment:</b>	Insurance
<b>Amount Paid by Patient:</b>	₹ 11,500.00 (Receipt No: RC/67890/2025)
<b>Amount Claimed from TPA:</b>	₹ 85,000.00
<b>Balance Due:</b>	<b>₹ 0.00</b>

#### PAYMENT BREAKDOWN EXPLANATION

1. **Total Net Bill Amount:** ₹ 96,500.00
2. **TPA Authorized Amount:** ₹ 85,000.00
3. **Patient Responsibility (Paid):** ₹ 11,500.00

#### Reason for patient payment:

- Extended stay (1 additional day due to perforation management): Rs.5,250
- Additional IV antibiotics for perforation: Rs.2,880
- Surgical drain and wound care: Rs.2,690
- Additional investigations (Follow-up USG, CRP): Rs.680

#### HOSPITAL SEAL & SIGNATURE

Billing Officer

(Authorized Signatory)

**Medical Director**

**[HOSPITAL SEAL HERE]**

#### IMPORTANT NOTES:

1. This is a computer-generated bill and requires hospital seal and signature for insurance claims.
2. Original bill must be submitted to TPA/Insurance company.
3. All amounts are in Indian Rupees (Rs).
4. For billing queries, contact within 7 days of discharge.

**Thank you for choosing City General Hospital**

