

Vision Eye Care Center

23, Residency Road, Bengaluru - 560025, Karnataka, India

Ph: 080-26305060 | Fax: 080-26772936 | Email: billing@visioneyecare.com

GSTIN: 29AAVEC1234F1Z5 | Hospital Registration No: KA/BLR/2006/23456

FINAL HOSPITAL BILL

(FOR INSURANCE PURPOSES)

Bill No: VEC/BLR/2025/008234	Date: 10/10/2025	
Patient ID: VEC2025008234	Time: 16:30 hrs	

PATIENT INFORMATION

Patient Name:	Lakshmi Devi
Age/Gender:	68 Years / Female
Address:	23, Residency Road, Bangalore - 560025
Contact Number:	+91-9876512345
Email:	lakshmi.devi@email.com

INSURANCE INFORMATION

TPA Name:	Star Health Insurance TPA Ltd.
Policy Number:	STAR/COMP/2021/456789
Authorization Number:	AUTH-2025-78901
Authorized Amount:	₹ 52,000.00

ADMISSION DETAILS

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Date of Admission:	10/10/2025
Date of Discharge:	10/10/2025
Total Days:	1 Day (Day Care)
Room Type:	Day Care Bed
Treating Consultant:	Dr. Anil Kumar (MS Ophthalmology, DNB)
Department:	Ophthalmology
Admission Type:	Planned/Elective

**DIAGNOSIS & PROCEDURE**

Primary Diagnosis:	Bilateral Senile Cataract (Immature), Right Eye > Left Eye
ICD-10 Code:	H25.9
Procedure Performed:	Right Eye Phacoemulsification with Posterior Chamber IOL Implantation
ICD-10 PCS Code:	08DJ3ZZ
Complication (if any):	None

**ITEMIZED BILL DETAILS**

Sr.	Description	Qty	Rate (₹)	Amount (₹)
A.	<b>ROOM &amp; BOARDING CHARGES</b>			
1	Day Care Bed Charges	1	2,500.00	2,500.00
2	Nursing Charges	1	800.00	800.00

3	Patient Diet (Light Meal)	1	200.00	200.00
	<b>Sub-Total A</b>			<b>3,500.00</b>
<b>B.</b>	<b>CONSULTATION &amp; PROFESSIONAL FEES</b>			
4	Surgeon's Fee (Dr. Anil Kumar)	1	15,000.00	15,000.00
5	Anesthetist's Fee	1	4,000.00	4,000.00
6	Pre-op & Post-op Consultation	1	1,000.00	1,000.00
	<b>Sub-Total B</b>			<b>20,000.00</b>
<b>C.</b>	<b>OPERATION THEATRE CHARGES</b>			
7	OT Charges (Phaco Surgery)	1	12,000.00	12,000.00
8	OT Consumables & Supplies	1	2,000.00	2,000.00
9	Surgical Instruments Usage	1	1,000.00	1,000.00
	<b>Sub-Total C</b>			<b>15,000.00</b>
<b>D.</b>	<b>PHARMACY &amp; CONSUMABLES</b>			
10	Moxifloxacin Eye Drops 0.5% (5ml)	2	250.00	500.00
11	Prednisolone Eye Drops 1% (5ml)	2	180.00	360.00
12	Nepafenac Eye Drops 0.1% (5ml)	1	320.00	320.00
13	Carboxymethylcellulose Eye Drops 0.5%	2	200.00	400.00
14	Cyclopentolate Eye Drops 1%	1	120.00	120.00

15	Tab. Paracetamol 500mg	1	50.00	50.00
16	Surgical Consumables (drapes, gloves)	1	800.00	800.00
17	Eye Pad, Shield, Dressing Material	1	250.00	250.00
18	Syringes, Cannula, IV Sets	1	200.00	200.00
	<b>Sub-Total D</b>			<b>3,000.00</b>
<b>E.</b>	<b>IMPLANTS</b>			
19	Foldable IOL +21.5D (Hydrophobic Acrylic) Batch No: IOL2025-4567	1	4,000.00	4,000.00
	<b>Sub-Total E</b>			<b>4,000.00</b>
<b>F.</b>	<b>INVESTIGATIONS &amp; DIAGNOSTICS</b>			
20	Visual Acuity Testing	1	200.00	200.00
21	Slit Lamp Examination	1	300.00	300.00
22	A-scan Biometry (IOL Power)	1	800.00	800.00
23	Dilated Fundus Examination	1	400.00	400.00
24	IOP Measurement	1	200.00	200.00
25	Blood Sugar Fasting	1	150.00	150.00
26	HbA1c	1	600.00	600.00
27	ECG	1	300.00	300.00
28	Pre-op Blood Tests	1	550.00	550.00

	<b>Sub-Total F</b>			<b>3,500.00</b>
<b>G.</b>	<b>OTHER CHARGES</b>			
29	Hospital Registration Charges	1	200.00	200.00
30	Medical Records Fee	1	100.00	100.00
31	Bio-medical Waste Disposal	1	200.00	200.00
32	Administrative Charges	1	1,500.00	1,500.00
	<b>Sub-Total G</b>			<b>2,000.00</b>
	<b>TOTAL BILL AMOUNT</b>			<b>51,000.00</b>
	<b>Less: Discount</b>			<b>0.00</b>
	<b>GROSS BILL AMOUNT</b>			<b>51,000.00</b>
	<b>Add: GST @ 5%</b>			<b>1,000.00</b>
	<b>NET PAYABLE AMOUNT</b>			<b>52,000.00</b>

#### PAYMENT DETAILS

<b>Mode of Payment:</b>	Insurance
<b>Amount Paid by Patient:</b>	₹ 0.00
<b>Amount Claimed from TPA:</b>	₹ 52,000.00 (Receipt No: RC/78901/2025)
<b>Balance Due:</b>	₹ 0.00

#### PAYMENT BREAKDOWN EXPLANATION

1. Total Net Bill Amount: ₹ 52,000.00

2. **TPA Authorized Amount:** ₹ 52,000.00

3. **Patient Responsibility (Paid):** ₹ 0.00

**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 Vision Eye Care Center**