

Apollo Multispecialty Hospital

Sector 12, MG Road, Sholapur, Maharashtra - 413001
Phone: 0217-2545678 | Email: billing@apollosholapur.in

Patient Invoice

Patient Name: Rajesh Kumar Sharma

Patient ID: APL-2026-4521

Date of Admission: 08-Jan-2026

Date of Discharge: 10-Jan-2026

Length of Stay: 2 Days

Procedure: Laparoscopic Appendectomy

Attending Physician: Dr. Priya Deshmukh, MBBS, MD

Surgeon: Dr. Amit Patil, MS (General Surgery)

ITEMIZED CHARGES

MEDICAL PROCEDURES

Description	Quantity	Unit Price	Amount
Emergency Room Consultation	1	₹800.00	₹800.00
Complete Blood Count (CBC)	1	₹1,200.00	₹1,200.00
Ultrasound Abdomen	1	₹1,500.00	₹1,500.00
CT Scan Abdomen	1	₹4,500.00	₹4,500.00
Laparoscopic Appendectomy	1	₹35,000.00	₹35,000.00
Anesthesia Charges	1	₹8,000.00	₹8,000.00

Post-Operative Care	1	₹2,000.00	₹2,000.00
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Subtotal - Medical Procedures: ₹53,000.00

MEDICAL SUPPLIES

Description	Quantity	Unit Price	Amount
Surgical Instrument Kit	1	₹3,000.00	₹3,000.00
Laparoscopic Equipment Fee	1	₹5,000.00	₹5,000.00
IV Cannula and Set	2	₹150.00	₹300.00
Sterile Gloves	4 pairs	₹40.00	₹160.00
Surgical Dressing Material	1	₹500.00	₹500.00
Cotton Gauze Swabs (100 pcs pack)	6	₹180.00	₹1,080.00
Bandages and Tapes	1	₹250.00	₹250.00
Disposable Syringes	8	₹15.00	₹120.00
Patient Gown	2	₹100.00	₹200.00

Subtotal - Medical Supplies: ₹10,610.00

MEDICATIONS

Description	Quantity	Unit Price	Amount
Inj. Ceftriaxone 1g	4 vials	₹85.00	₹340.00
Inj. Pantoprazole 40mg	3 vials	₹45.00	₹135.00

Inj. Tramadol 50mg	4 amps	₹25.00	₹100.00
Tab. Metronidazole 400mg	6 tabs	₹8.00	₹48.00
Tab. Paracetamol 500mg	40 tabs	₹5.00	₹200.00
Tab. Diclofenac 50mg	10 tabs	₹6.00	₹60.00
Inj. Ondansetron 4mg	3 amps	₹35.00	₹105.00
IV Fluids (RL/NS)	4 bottles	₹80.00	₹320.00

Subtotal - Medications: ₹1,308.00

FACILITY CHARGES

Description	Quantity	Unit Price	Amount
Semi-Private Room (AC)	2 days	₹2,500.00	₹5,000.00
Nursing Charges	2 days	₹800.00	₹1,600.00
Food and Dietary Services	2 days	₹400.00	₹800.00
Registration and Medical Records	1	₹200.00	₹200.00

Subtotal - Facility Charges: ₹7,600.00

BILLING SUMMARY

Category	Amount
Medical Procedures	₹53,000.00
Medical Supplies	₹10,610.00

Medications	₹1,308.00
Facility Charges	₹7,600.00
TOTAL CHARGES	₹72,518.0
	0

INSURANCE INFORMATION

Insurance Provider: Star Health Insurance

Policy Number: SH/2025/458796

TPA: Medi Assist India

Description	Amount
Total Charges	₹72,518.00
Insurance Approved Amount	₹58,000.00
Insurance Payment	-₹52,200.0
	0
Patient Co-payment (10%)	₹5,800.00
Non-covered Items	₹8,518.00
PATIENT RESPONSIBILITY	₹20,318.00

Payment Due Date: 10-Feb-2026

Bill Number: APL/INV/2026/004521

Payment Methods:

UPI: apollosholapur@upi | Net Banking | Card Payment | Cash

For billing queries: 0217-2545690 (Ext: 234)

Please retain this invoice for insurance claim and tax purposes

GSTN: 27AABCA1234E1Z5