BIJU PATNAIK INSTITUTE OF INFORMATION TECHNOLOGY & MANAGEMENT STUDIES (BIITM), BHUBANESWAR
Plot No. F/4, Chandaka Industrial Estate, Infocity, Patia, Bhubaneswar-24
Approved by AICTE, Govt. of India | Affiliated to BPUT, Odisha | NAAC Accredited | ISO 9001 : 2015

SUMMER INTERNSHIP PROJECT 2026

REPORT TITLE

"A study on patient billing and credit services at Utkal Hospital"

SUBMITTED BY

Arpita Sahoo
Integrated MBA Batch: 2022-27
University Regn. No.: 2213258011

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CERTIFICATE OF FACULTY/INTERNAL GUIDE

This is to certify that **Ms. Arpita Sahoo** bearing university registration no. **2213258011** of 2022 – 2027 IMBA batch , has completed internship **Utkal Hospital Pvt. Ltd** from **8th October 2025** to **8th November 2025** under the supervision of **Ms. Shahni Singh** (internal guide) and has submitted this project report under my guidance in partial fulfilment of the requirements for award of the degree of Master of Business Administration at Biju Patnaik Institute of Information Technology and Management Studies, Bhubaneswar. To the best of my knowledge and belief, this project report has been prepared by the student and has not been submitted to any other institute or university for the award of any degree or diploma.

Date:
Place: Bhubaneswar

Signature of the Faculty/Internal Guide
Name: Ms. Shahni Singh
Designation: Assistant Professor (Finance)

UTKAL INSTITUTE OF MEDICAL SCIENCES & HOSPITAL

Ref No: UHPL/ HR/ L&D/25-26/03/2259

5th March 2026

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Arpita Sahu (Registration No: 2213258011),** a student of **Masters of Business Administration(MBA) of 2022-27 batch from Biju Patnaik Institute of Information Technology and Management Studies, Bhubaneswar,** has successfully completed her traineeship program from **8th October 2025** till **8th November 2025** in the department of **Operations** at our hospital.

During her traineeship, she has submitted a project report on **"A Study on Patient Billing and Credit Services at Utkal Hospital".**

During her period of traineeship, we have found her to be punctual, hardworking and committed.

We wish her success in all her future endeavors.

for **Utkal Healthcare Private Limited.**

Sandeep Nayak
GM – Human Resources

DECLARATION

I, **Ms. Arpita Sahoo** bearing university registration no. **2213258011** (2022-2027 batch), hereby declare that the project report titled "**A Study on Patient Billing and Credit services at Utkal Hospital"** is based on my internship at Utkal Healthcare Pvt. Ltd during the period **8th October 2025** to **8th November 2025** and is an original work done by me under the supervision of **Ms. Smita Adhikari** (Utkal Hospital) and **Ms. Shahni Singh** (BIITM). This report is being submitted to Biju Patnaik Institute of Information Technology and Management Studies, Bhubaneswar, affiliated to Biju Patnaik University of Technology. Odisha, in partial fulfillment of the requirements for the award of the degree of Master of Business Administration. This project report has not been submitted to any other institute/university for the award of any degree or diploma.

Place: Bhubaneswar **ARPITA SAHOO**

ACKNOWLEDGEMENT

I express my sincere gratitude to Utkal Hospital for providing me with the opportunity to undertake my Summer Internship Program and gain practical exposure in the Credit Cell and Medicine Billing departments. The internship enabled me to understand the operational and financial aspects of hospital administration in a structured and practical environment.

I am highly thankful to the management and administrative staff of the hospital for their constant support, guidance, and cooperation throughout my internship period. Their professional insights, practical explanations, and willingness to share knowledge helped me understand the real-time functioning of hospital billing systems, corporate healthcare schemes, and receivables management processes.

I would also like to extend my heartfelt thanks to the staff members of the Corporate Desk and OPD Billing Section for allowing me to observe and learn about documentation procedures, scheme verification processes, claim handling, pharmacy billing operations, and patient coordination. Their assistance and continuous guidance made my learning experience meaningful, informative, and enriching.

I am equally grateful to my faculty guide and my institution for providing me with this valuable opportunity to bridge theoretical knowledge with practical exposure. The internship has significantly enhanced my understanding of hospital administration, financial processes, billing mechanisms, and service quality management in the healthcare sector.

Lastly, I sincerely thank everyone who directly or indirectly contributed to the successful completion of this internship and project report.

ABSTRACT

This report titled **"A Study on Patient Billing and Credit services at Utkal Hospital"** presents a comprehensive understanding of the operational procedures, documentation process, and administrative coordination involved in hospital credit services and pharmacy billing systems. The study was conducted as part of the Summer Internship Program (SIP) with the objective of gaining practical exposure to hospital management functions, particularly in the corporate desk and billing department.

The Credit Cell of the hospital plays a crucial role in handling patients covered under various government and corporate health schemes such as CGHS, ECHS, Railway schemes, and private insurance providers. The department ensures proper verification of eligibility documents, approval processing, maintenance of records, and coordination with Third Party Administrators (TPAs) for claim settlements. Efficient management of credit services directly impacts patient satisfaction and financial stability of the hospital The study also examines the Medicine Billing process in the Outpatient Department (OPD), focusing on prescription verification, computerized billing systems, inventory coordination, payment modes, and invoice generation. The pharmacy billing section ensures accuracy, transparency, and timely service delivery to patients. Proper billing practices reduce errors, prevent revenue leakage, and maintain systematic financial records.

The findings indicate that structured workflow, digital billing software, inter-departmental coordination, and strict documentation procedures contribute significantly to smooth hospital operations.

Overall, the internship provided valuable practical knowledge about healthcare administration, billing mechanisms, scheme management, and patient service operations in a multi-specialty hospital setup.

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CHAPTER-1

INTRODUCTION

Hospitals today function not only as healthcare service providers but also as complex service organizations requiring systematic documentation, billing accuracy, and efficient claim management. A significant portion of hospital revenue is generated through corporate tie-ups, government healthcare schemes, and private insurance reimbursements. Any inefficiency in documentation, claim submission, or receivables tracking can directly affect cash flow and financial stability. In this context, the internship provided an opportunity to observe how structured billing mechanisms and administrative coordination contribute to revenue cycle management.

Utkal Hospital is a multi-specialty healthcare institution located in Bhubaneswar, Odisha. The hospital is committed to delivering quality and affordable healthcare services with a patient-centric approach. Its core activities include inpatient and outpatient services, diagnostics, pharmacy operations, emergency care, corporate empanelment, and insurance claim processing.

During the internship, exposure was gained in the Corporate Desk and OPD Billing departments. The Corporate Desk plays a crucial role in handling government schemes such as CGHS, ECHS, Railway, and private insurance cases. It involves verification of eligibility, documentation assembly, segregation of high-value medicines and implants, claim preparation, and bill sorting for audit purposes. The OPD Billing department manages patient registration, billing entries in the Hospital Management System (HMS), payment collection, and coordination with pharmacy and diagnostic units.

Overall, the internship served as a bridge between theoretical concepts studied in financial management and their real-world application in hospital operations. It enhanced understanding of billing systems, documentation compliance, reimbursement procedures, and customer service management in the healthcare sector. The experience not only strengthened practical knowledge but also developed analytical skills in identifying operational gaps.

Objectives of the Study

The specific objectives are:

- To analyze the Corporate Desk's role in assembling documents and preparing structured claim files for corporate and insurance patients.
- To understand the OPD registration and medicine billing process, including verification and audit sorting procedures.
- To identify practical operational challenges such as portal delays, documentation gaps, and coordination inefficiencies affecting claim processing.

Methodology

The methodology adopted for this Summer Internship Project is primarily descriptive and analytical in nature. The study focuses on understanding the practical functioning of the Corporate Desk and OPD Billing departments at Utkal Hospital, particularly in relation to billing procedures, documentation practices, and accounts receivable management. The research is based on real-time exposure during the internship period and systematic observation of day-to-day operational activities.

Primary Data:

Primary data was collected through direct observation, interaction, and participation during the internship period. Continuous observation of activities at the Corporate Desk and OPD Billing section helped in understanding patient registration procedures, scheme verification processes, claim documentation, bill preparation, and payment handling systems.

In addition, informal interactions and discussions were conducted with staff members of the Corporate Desk, OPD Billing, and related administrative units. These interactions provided practical insights into claim processing challenges, documentation requirements, coordination with insurance companies, and common issues faced in receivables management.

The study also involved limited interaction with patients, particularly during billing queries and discharge-related guidance. These interactions helped in understanding patient concerns regarding billing transparency, waiting time, and clarity of scheme-related benefits.

Secondary Data:

Secondary data was collected through review of hospital records and internal documents. This included examination of billing records, claim files, discharge summaries, prescription records, and scheme-related documentation used for insurance and corporate claims. Aging reports and internal billing summaries were referred to for understanding the receivables tracking mechanism.

The combination of observational learning, staff and patient interaction, and document review enabled a structured analysis of the existing billing and accounts receivable system at Utkal Hospital.

Scope of the Study

The scope of this Summer Internship Project is confined to the study of billing operations and accounts receivable management at **Utkal Hospital**, with specific focus on the Corporate Desk and OPD Billing departments. The study aims to understand how patient billing, scheme verification, claim processing, and receivables tracking are managed within the hospital's administrative framework. It emphasizes analyzing the workflow of documentation, coordination between departments, and the efficiency of claim settlement procedures under insurance, corporate, and government health schemes such as CGHS, ECHS, and Railway.

Geographically, the study is limited to Utkal Hospital and does not extend to other healthcare institutions. Temporally, it covers the 30-day internship period during which practical exposure and observation were undertaken. The project does not involve long-term financial performance analysis but focuses on understanding existing processes and identifying operational gaps within the internship duration.

The primary objective of the study is to examine the billing and receivables cycle, identify procedural strengths and bottlenecks, and evaluate how documentation accuracy and inter-departmental coordination impact timely claim settlement and revenue realization. The expected deliverable of this project is a structured analysis of the existing system along with practical observations and suggestions for improving billing efficiency and receivables management.

The target audience of this report includes hospital management, administrative staff, academic evaluators, and students of hospital administration or management studies who seek to understand practical aspects of healthcare financial operations. The scope aligns directly with the project objectives, which focus on studying credit verification, billing accuracy, and receivables tracking mechanisms.

The study maintains flexibility within the permitted access levels of the organization and strictly adheres to ethical considerations. Confidential financial information, patient data, and sensitive records were not disclosed or recorded. All observations are based on permitted access, professional interaction, and institutional guidelines.

Thus, the scope clearly defines the boundaries of the study by concentrating on Corporate Desk and OPD Billing operations, ensuring realistic expectations while providing meaningful insights into hospital billing and receivables management practices.

Limitations of the Study

The study is limited to a 30-day internship period, which restricts the scope for long-term financial trend analysis and in-depth evaluation of the complete revenue cycle performance. Access to detailed financial statements, comprehensive aging reports, denial statistics, and confidential receivables data was restricted due to organizational confidentiality and privacy policies. The analysis is largely based on observation, informal interactions with staff and patients, and review of selected internal documents rather than extensive quantitative datasets. Furthermore, the study primarily focuses on the Corporate Desk and OPD Billing departments, and therefore does not comprehensively cover other financial, clinical, or strategic administrative functions of the hospital.

CHAPTER-2

COMPANY PROFILE & INDUSTRY ANALYSIS

Company Profile: Utkal Hospital Pvt Ltd.

Utkal Hospital is a leading multi-specialty healthcare provider located in the state of **Odisha, India**. Established with the vision of providing high-quality, affordable medical care, the hospital has earned a reputation for its **comprehensive medical services** across various specialties. The hospital is equipped with advanced healthcare technology and staffed by experienced healthcare professionals, offering both inpatient and outpatient services.

FIGURE 1. UTKAL HOSPITAL

Utkal Hospital Organizational Structure

Utkal Hospital operates with a well-structured organizational setup that integrates clinical services, financial management, patient services, and support departments. The smooth collaboration between departments like Credit Cell and Medicine Billing is essential for managing accounts receivable and ensuring financial stability. The effective management of

these departments will enhance operational efficiency, improve patient experience, and lead to better cash flow management.

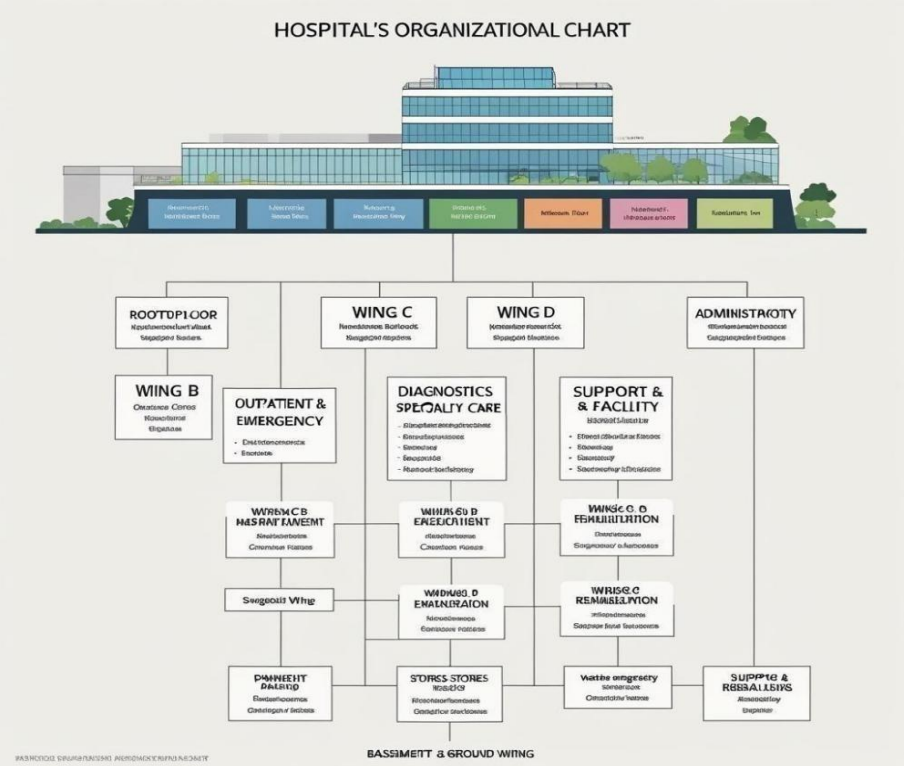


FIGURE 2. ORGANISATIONAL CHART OF UTKAL HOSPITAL

Wing	**Primary Purpose**
Wing A	Outpatient clinics, emergency, diagnostics, pharmacy
Wing B	Surgical theatres, CSSD, recovery
Wing C	ICU, general wards, specialty care (Oncology, etc.)
Nuclear Wing	Advanced imaging and radionuclide therapies
Basement	Parking, engineering, logistics, utilities
Rooftop	Technical systems, expansion capability

SWOT ANALYSIS OF UTKAL HOSPITAL

Strengths

Utkal Hospital has a structured administrative framework with dedicated departments such as the Corporate Desk, Credit Cell, and OPD Billing, which support systematic billing and claim management. The hospital handles multiple government schemes (CGHS, ECHS, Railway) and private insurance/TPA cases, increasing patient inflow and revenue stability. Integration of pharmacy billing with the Hospital Management System (HMS) improves billing accuracy and real-time charge posting. The presence of defined documentation and claim submission procedures strengthens compliance and audit readiness.

Weaknesses

Delays in reimbursement from insurance companies and government portals affect cash flow and increase accounts receivable aging. Manual documentation processes and dependency on external portals sometimes create inefficiencies and processing delays. Limited digital automation in follow-up tracking may increase administrative workload. Occasional communication gaps regarding package exclusions or billing details can lead to patient confusion.

Opportunities

There is scope to enhance automation in billing, claim tracking, and aging analysis through advanced revenue cycle management tools. Strengthening digital communication with patients regarding cost transparency and payment options can improve satisfaction. Expanding corporate tie-ups and empanelment's with additional insurance providers can increase institutional revenue. Regular staff training in documentation accuracy and denial management can further reduce claim rejections and improve reimbursement timelines.

Threats

Frequent policy changes in government healthcare schemes and insurance regulations may impact reimbursement processes. Increased competition from multi-specialty hospitals in the region can affect patient inflow. Rising operational and pharmaceutical costs may reduce profit margins. Delays or inefficiencies in external insurance portals can negatively influence the hospital's revenue cycle and financial planning.

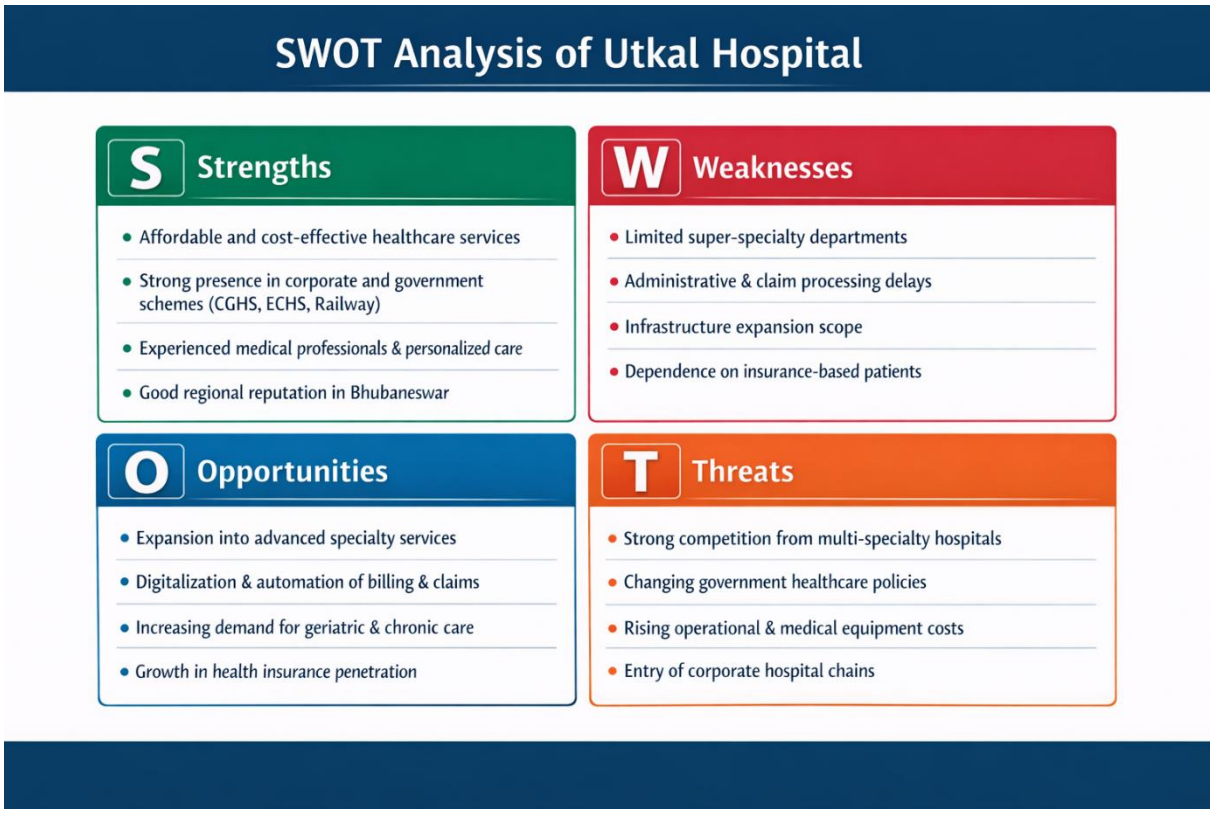


FIGURE 3. SWOT ANALYSIS OF UTKAL HOSPITAL

CHAPTER-3

COMPETITOR ANALYSIS

Utkal Hospital operates in a competitive healthcare environment in Bhubaneswar, where several private and government hospitals provide similar medical and diagnostic services. An analysis of major competitors helps in understanding Utkal Hospital's relative strengths and weaknesses, particularly in the areas of corporate billing, insurance claim processing, documentation management, and accounts receivable control, which were the core focus areas of the internship study.

KALINGA HOSPITAL

Kalinga Hospital is one of the well-established private multi-specialty hospitals in Bhubaneswar. It is known for its advanced medical infrastructure, specialized departments, and experienced healthcare professionals. The hospital has relatively strong digital systems that support billing and patient management processes. However, its treatment costs are comparatively higher, which may limit accessibility for certain patient segments. In comparison, Utkal Hospital provides more affordable services and has a structured Corporate Desk for handling government schemes and insurance cases, though it still relies partly on manual documentation and follow-up processes.

AIIMS BHUBANESWAR

being a premier government institution, offers highly subsidized treatment and advanced specialty care. It has strong credibility due to its national reputation and research-oriented environment. However, high patient inflow often leads to longer waiting times and operational congestion. Compared to AIIMS, Utkal Hospital offers quicker administrative processing, especially in billing and discharge formalities, and provides more personalized coordination in corporate and insurance claim handling.

SUM HOSPITAL

associated with Siksha 'O' Anusandhan University, is another major competitor offering multi-specialty services with modern equipment and structured administrative systems. Its billing and claim processes are relatively more digitized, which supports efficiency in revenue cycle management. However, treatment costs may be higher compared to mid-range hospitals. Utkal Hospital competes by focusing on efficient corporate documentation, scheme verification, and close coordination between departments, though it can improve automation levels in receivables tracking.

CARE HOSPITAL

It is recognized for its specialized and critical care services supported by advanced medical technology. It has streamlined processes for billing and claim management through integrated systems. However, its services are often premium-priced. Utkal Hospital, while operating at a comparatively moderate scale, maintains competitiveness through structured documentation practices, empanelment with various corporate and government schemes, and patient-centric coordination in billing and claim settlement.

From a financial and receivables management perspective, many competitors have more automated systems for tracking outstanding claims, generating aging reports, and managing denial follow-ups. During the internship period, it was observed that Utkal Hospital uses a semi-automated system where documentation assembly and portal uploads sometimes require manual intervention. Delays occasionally arise due to external portal inefficiencies and late responses from insurance or corporate agencies, impacting accounts receivable turnover time.

Overall, Utkal Hospital holds a stable competitive position in the regional healthcare market due to its affordability, structured Corporate Desk operations, and patient-focused billing

communication. However, there is scope for strengthening technology integration, automating claim tracking mechanisms, and enhancing digital transparency to further improve operational efficiency and revenue cycle performance.

CHAPTER-4

CUSTOMER ANALYSIS

Demographic Profile

Utkal Hospital primarily caters to middle-aged adults between 30–60 years and elderly patients who require regular medical supervision and chronic disease management. The hospital mainly serves middle-income groups who seek affordable yet quality healthcare services. The majority of patients belong to Bhubaneswar and nearby regions, indicating a strong regional presence and community-based reach.

Psychographic Characteristics

The patient base largely consists of health-conscious individuals who actively seek preventive healthcare, routine check-ups, and early diagnosis services. Many patients prefer the hospital due to its affordability and personalized care approach, which builds trust and long-term relationships. Families often choose the hospital for maternity care, pediatric services, and general medical needs.

Behavioral Characteristics

A significant portion of patients are repeat visitors, especially those undergoing treatment for chronic conditions such as diabetes and hypertension. The hospital also receives a consistent inflow of emergency and trauma cases. Many patients depend on government schemes and insurance facilities for financial support in managing their treatment expenses.

Customer Needs and Expectations

Patients expect affordable treatment without compromising on quality and medical standards. Transparent billing practices, clear communication regarding insurance claims, and smooth discharge procedures are important factors influencing patient satisfaction. Additionally, reduced waiting time and faster administrative processes are key service expectations.

Market Segmentation and Feedback

The hospital serves insurance and corporate patients covered under schemes such as CGHS, ECHS, Railway, and private TPA arrangements, along with middle-income families and elderly patients requiring continuous care. Overall feedback reflects a positive perception regarding affordability and accessibility; however, there is scope for improvement in speeding up administrative procedures and insurance claim processing.

CHAPTER-5

INTERNSHIP WORK PROFILE, TRAINING AND OBSERVATIONS

FIGURE 4. CORPORATE DESK AND TPA INSURANCE OFFICE

During the 30-day internship at Utkal Hospital, assignments were undertaken across different administrative departments, providing practical exposure to hospital operations, corporate documentation, billing systems, and financial coordination.

1. First Week – Operations Department

During the first week, responsibilities were carried out under the Operations Department. Regular feedback rounds were conducted in A3 and B3 private wards, interacting with patients and attendants to gather feedback regarding treatment quality, nursing services, cleanliness, and overall hospital experience. Patients were also guided through the discharge process, including billing clearance, documentation requirements, and coordination with the Corporate Desk whenever necessary.

Observation: This role emphasized the importance of patient satisfaction, effective communication, and smooth inter-departmental coordination in hospital management.

Through these interactions, we understood how operational efficiency directly influences overall patient experience.

2. Second & Third Week: **Corporate Desk**

During the second and third weeks, posting was in the Corporate Desk, providing exposure to insurance and government scheme claim procedures. Responsibilities included assembling and organizing documents required for insurance and corporate claim processing, assisting in patient registration under various corporate empanelment's such as CGHS, ECHS, Railway, and private TPAs, and separating high-value implants and medicines above ₹5000 from routine charges like X-ray, ECG, and reports to ensure accurate claim submission. Support was also provided in preparing and arranging claim files prior to submission, along with sorting and organizing finalized bills and supporting documents for audit purposes to maintain compliance and proper record management.

Observation: This experience highlighted the importance of accurate documentation, proper expense classification, systematic file assembly, and audit preparedness in preventing claim rejection and ensuring financial transparency.

3. Final Week – OPD Billing Department

In the final week, responsibilities were performed in the OPD Billing section. Assistance was provided in patient registration by entering details into the Hospital Management System (HMS), along with observing bill generation and payment collection processes. The integration of consultation fees, diagnostic charges, and pharmacy bills into the patient's consolidated invoice was also observed.

Observation: This department demonstrated the importance of billing accuracy, system efficiency, and clear patient communication in maintaining operational effectiveness and ensuring smooth front-office workflow.

Learning Outcomes

• Document Management: We learned the importance of systematic assembling and organizing of documents for corporate and insurance claims. Proper segregation of high-value medicines, expensive implants, reports (X-ray, ECG), and supporting bills helped in smooth claim processing and reduced chances of rejection.

• Attention to Detail: While separating costly implants and medicines above ₹5000, I developed accuracy in verifying records. Careful checking of discharge summaries, prescriptions, and billing details ensured completeness before submission.

• Understanding Corporate & Government Schemes: Working at the Corporate Desk gave me practical exposure to schemes like CGHS, ECHS, Railway, and other insurance panels. I understood documentation requirements, pre-authorization procedures, and claim submission processes.

• Patient Communication Skills: During the first week in the Operations Department,Through conducted regular feedback rounds in A3 and B3 wards. This guided patients regarding discharge procedures which also improved personal interpersonal and communication skills.

• Registration & Billing Process Knowledge: In OPD billing, we learned patient registration procedures and basic billing operations, which enhanced the over understanding of hospital front-office workflow.

• Audit & Bill Sorting: I gained knowledge about bill sorting for audit purposes. Proper classification and arrangement of bills were essential for financial transparency and verification.

• Coordination Between Departments: through coordination it helped us to learn the importance of coordination between medical records, pharmacy, billing, and corporate desk to ensure smooth documentation and timely claim submission.

Major Insights

• Importance of Proper Documentation: It has been observed that accurate assembling of documents played a crucial role in faster claim approvals. Incomplete or misarranged files often led to delays.

• High-Value Bills Require Extra Scrutiny: Medicines above ₹5000 and expensive implants required special documentation and careful verification before submission to avoid discrepancies.

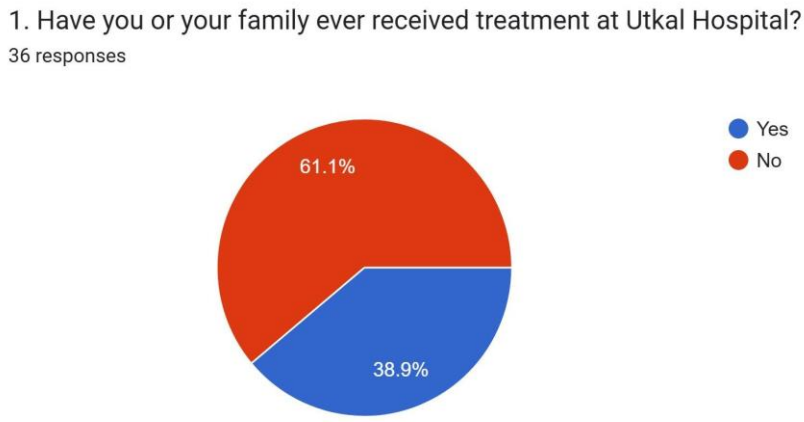
• Discharge Process Awareness: Many patients were unaware of discharge formalities. Providing them with correct guidance improved patient satisfaction and reduced confusion.

• Integration of Pharmacy and Billing: Bills had to match prescriptions and discharge summaries accurately. Any mismatch could create complications in corporate claim processing.

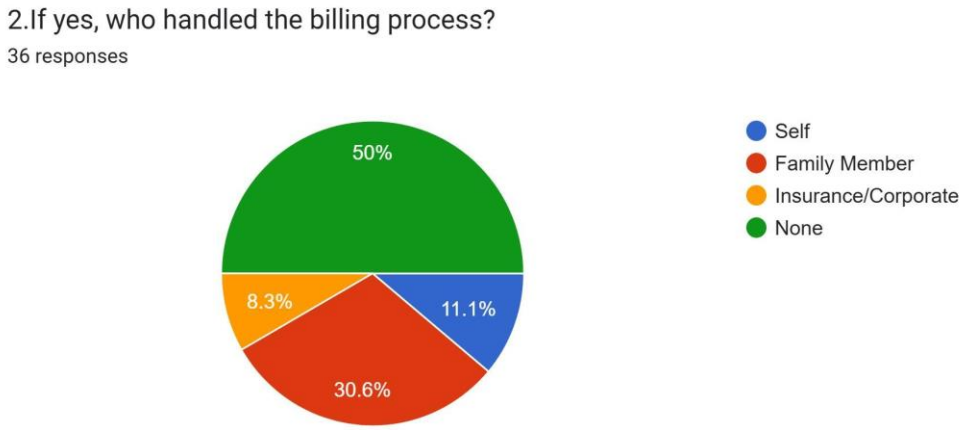
• Role of Audit in Financial Control: Bill sorting and audit procedures ensured transparency and minimized errors in financial records.

• Team Coordination is Critical: Smooth workflow depended on timely communication among departments. Delay in one section affected the entire claim and billing process.

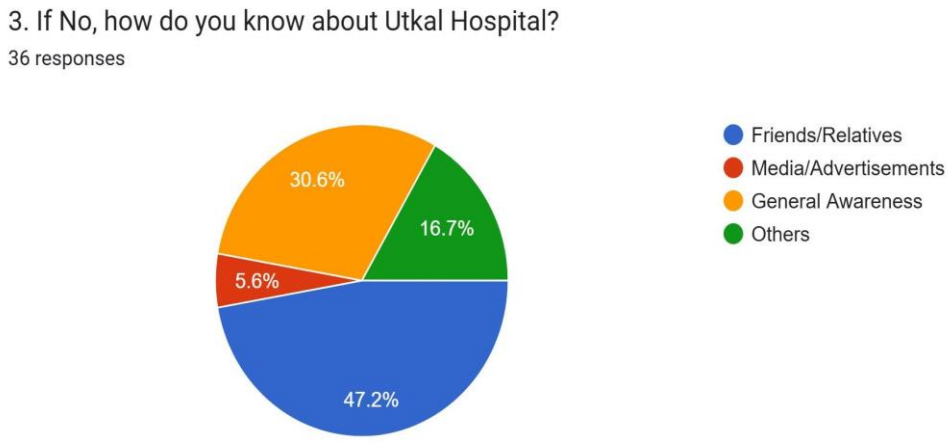
DATA ANALYSIS AND INTERPRETATIONS



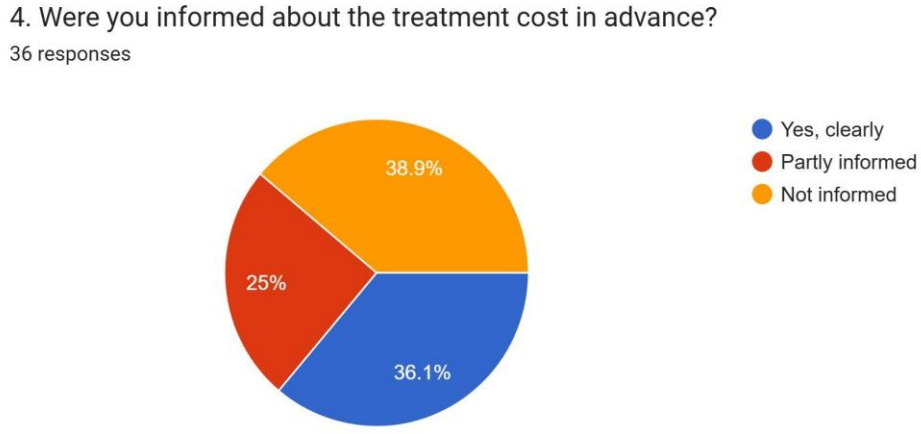
Although many respondents indicated familiarity with Utkal Hospital ("Yes"), the presence of "No" responses reveal a gap in outreach or awareness. This underscores an opportunity for the Credit Cell and Medicine Billing department to bolster visibility and access among less-engaged segments.



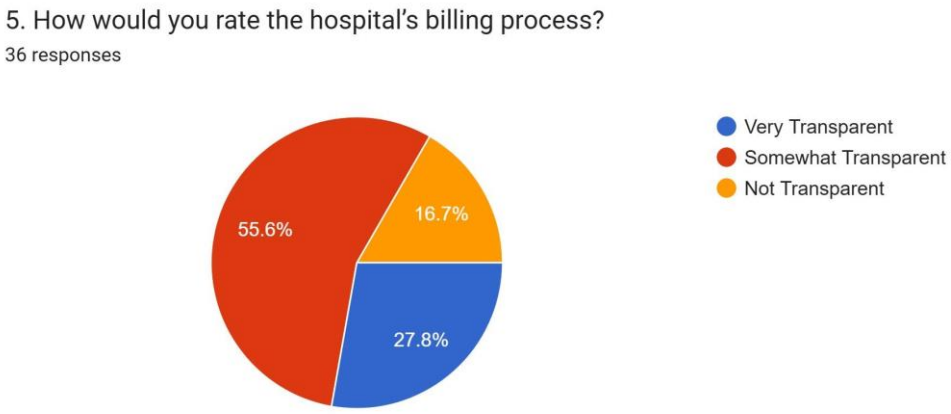
The fact that most respondents indicated **"Insurance/Corporate"** while some specified **"Family Member"** highlights the dual nature of billing pathways— spanning both formal institutional systems and personal settlement methods.



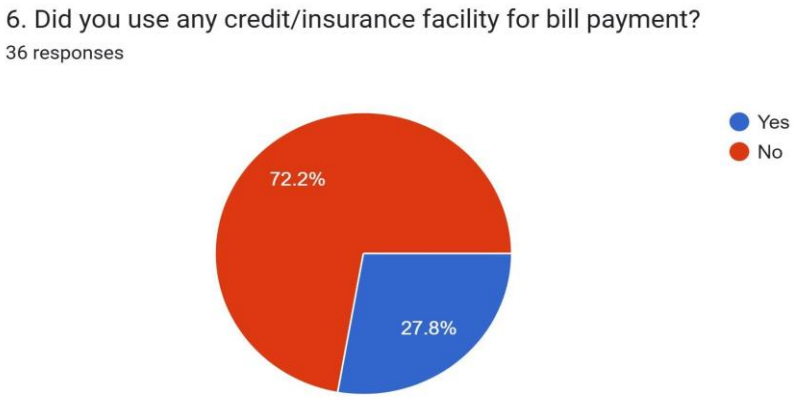
Most individuals who hadn't received treatment at Utkal Hospital became aware of it through **friends or relatives**, highlighting the significance of personal referrals in spreading information about the hospital. Other sources of awareness included **general awareness**, **media/advertisements**, and **others**, suggesting that while personal networks play a major role, various channels contribute to the hospital's visibility.



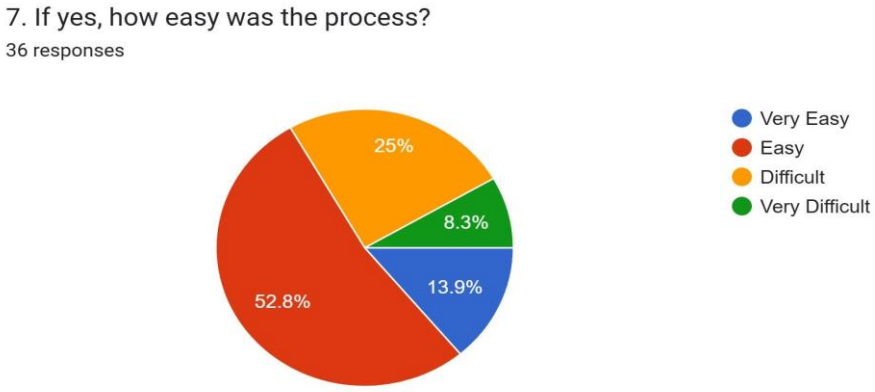
While most respondents were clearly informed about treatment costs in advance, a notable portion was only partly or not informed, highlighting areas for improvement in communication.



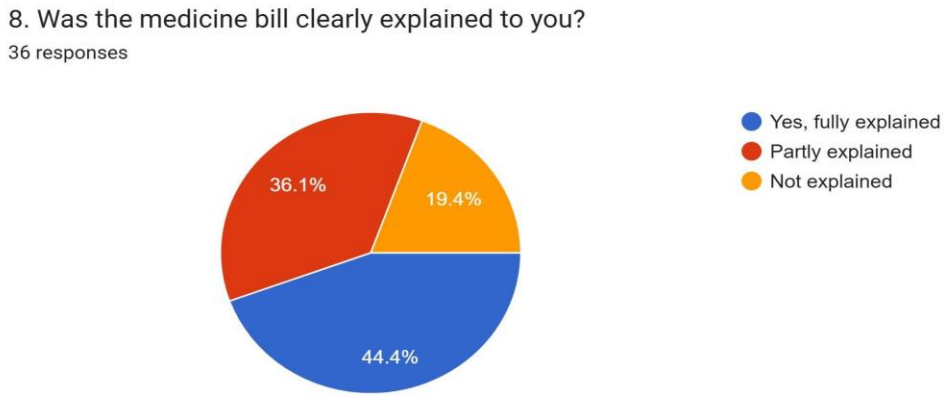
While most respondents rated Utkal Hospital's billing process a **"Somewhat Transparent,"** a few indicated **"Very Transparent,"** and others noted **"Not Transparent**," suggesting that while some patients perceive the billing process as clear, there is room for improvement in transparency to enhance patient satisfaction and trust.



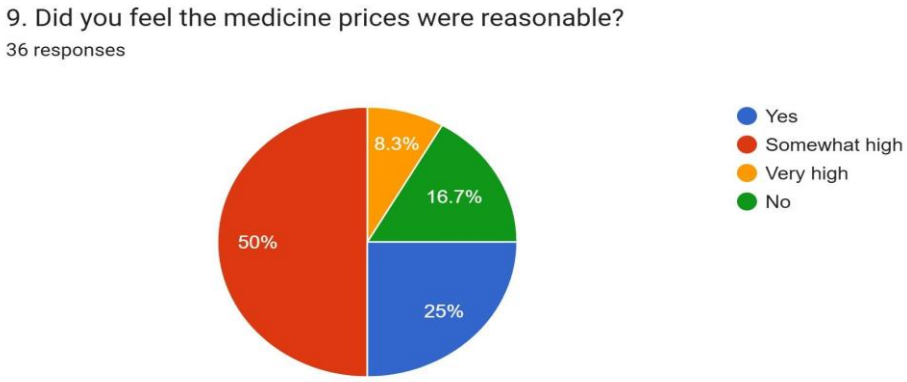
A majority of respondents utilized **credit or insurance facilities** for bill payment, indicating a significant reliance on financial assistance for healthcare expenses.
This highlights the importance of accessible credit options in managing medical costs.



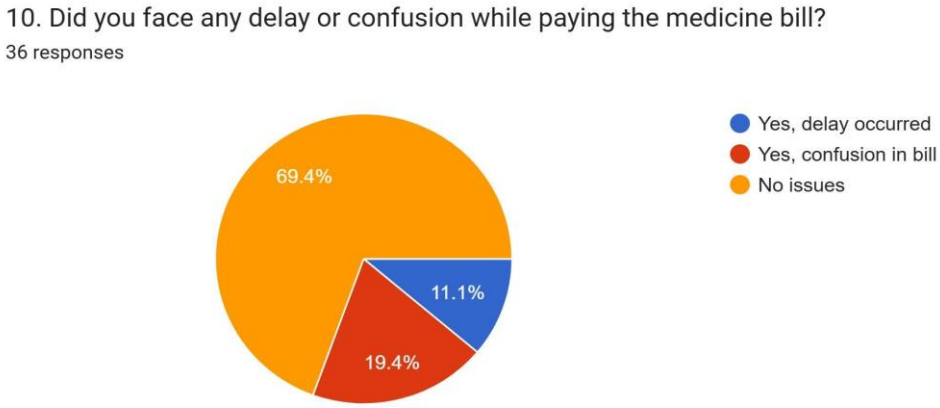
Most respondents found the credit/insurance billing process at Utkal Hospital to be **"Easy"** or **"Very Easy"**, indicating a user-friendly and efficient system. However, a few experienced **"Difficult"** processes, suggesting areas for improvement to ensure consistency in patient experiences.



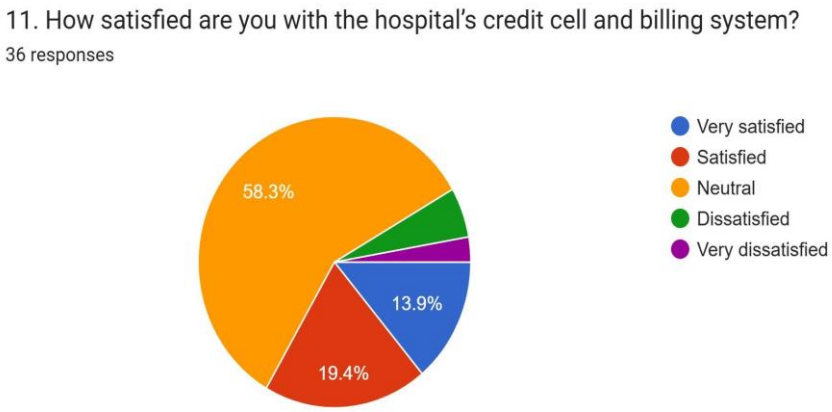
Most respondents reported that their medicine bills were **fully explained**, indicating effective communication. However, a few mentioned that the bills were **partly explained** or **not explained**, suggesting areas where the hospital can further enhance clarity to ensure all patients fully understand their charges.



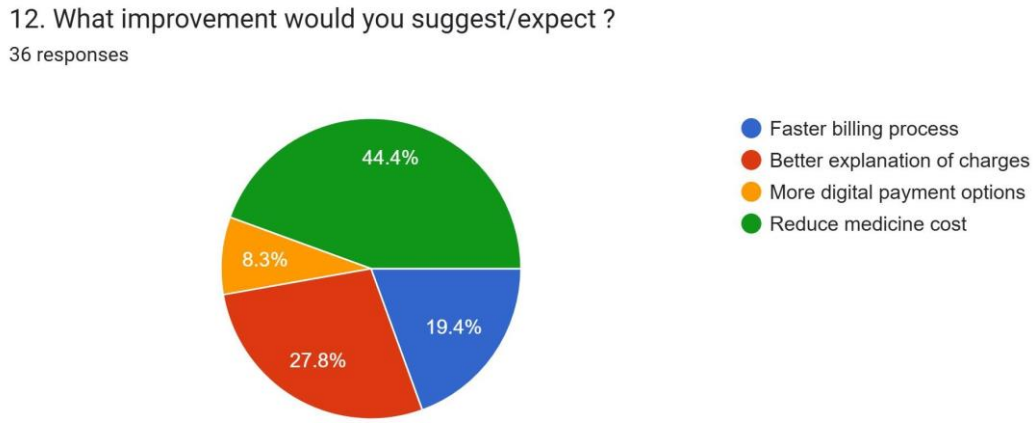
A significant portion of respondents perceived the medicine prices at Utkal Hospital as **"Somewhat High"** or **"Very High"**, indicating concerns about affordability. This aligns with broader trends where patients, especially those with lower incomes, often find medication costs to be a barrier to adherence and treatment access.



While many respondents reported no issues during the medicine bill payment process, some experienced delays or confusion, indicating that certain patients faced challenges in understanding or processing their payments. This highlights areas where Utkal Hospital can enhance clarity and efficiency to improve the overall patient experience.



The majority of respondents expressed satisfaction with Utkal Hospital's Credit Cell and billing system, indicating a generally positive perception of the hospital's financial processes. However, the presence of neutral and dissatisfied responses suggests that there are areas within the billing system that could be improved to enhance overall patient satisfaction.



While many respondents expressed satisfaction with Utkal Hospital's Credit Cell and billing system, some areas for improvement were identified. Patients suggested enhancing the speed of the billing process, providing clearer explanations of charges, and reducing medicine costs. Addressing these concerns could further improve patient satisfaction and trust in the hospital's financial services.

FIGURE 5. CORPORATE TPA AND INSURANCE EMPANELMENT AVAILABLE IN UTKAL HOSPITAL

Findings

The Corporate Desk plays a crucial role in verifying patient eligibility under schemes such as BSKY, CGHS, ECHS, and various corporate agreements, ensuring that treatment expenses are properly aligned with approved coverage policies. While the verification process is structured and systematic, discharge delays occasionally occur due to late approvals or delayed responses from external insurance companies or government agencies. Such delays are generally beyond internal control but directly influence patient discharge timelines and overall service experience.

Medicine and diagnostic charges are integrated with the hospital billing system, which supports overall billing accuracy and reduces computational errors. However, certain components—such as last-minute additions, high-value medicines (above ₹5000), and implant segregation—still require careful manual verification and supporting document attachment. This hybrid system of automated billing supported by manual checks ensures financial precision but increases dependency on staff attentiveness and documentation accuracy.

Claims involving expensive implants and high-cost medicines require additional scrutiny and structured documentation, including wrapper attachment and proper sequencing of reports such as X-ray, ECG, prescriptions, and discharge summaries. Even minor documentation gaps or sequencing errors can lead to claim rejection, deductions, or processing delays, highlighting the sensitivity of high-value claim management.

Corporate and insurance claims are typically settled within a 15–60-day cycle. However, timely follow-up, systematic bill sorting for audit, and organized record maintenance are essential to prevent prolonged outstanding receivables and ensure steady cash flow. Effective receivables management directly contributes to the financial sustainability of the hospital.

Overall, smooth billing operations and timely claim submission depend heavily on strong interdepartmental coordination among pharmacy, nursing, medical records, corporate desk, and finance departments. This coordination becomes especially critical during emergency discharges and final bill generation, where time sensitivity and accuracy must be balanced to maintain both operational efficiency and patient satisfaction.

CHAPTER-6

Conclusions

The study on the Accounts Receivable and Billing Management Process at Utkal Hospital, conducted during the 30-day Summer Internship Programme, provided practical insights into the functioning of the Corporate Desk, OPD Billing, and related financial operations. Based on observations, interactions with staff and patients, and analysis of internal processes, several meaningful conclusions can be drawn.

Firstly, the Corporate Desk plays a crucial role in ensuring financial clearance for patients under various government schemes (CGHS, ECHS, Railway), corporate tie-ups, and private insurance/TPA arrangements. The documentation process is structured and systematic, particularly in assembling discharge summaries, investigation reports, prescriptions, high-value medicine bills (above ₹5000), and implant records. However, the efficiency of claim settlement is often dependent on external agencies such as insurance companies and scheme portals. Delays in approvals, portal inefficiencies, and documentation discrepancies sometimes slow down the discharge and reimbursement process.

Secondly, the OPD Billing Department demonstrates a relatively organized workflow in patient registration, service entry, invoice generation, and payment collection. The Hospital Management System (HMS) supports real-time billing; however, manual intervention is still required for corrections, last-minute modifications, and clarification of billing details. Billing transparency is generally maintained, yet some patients experience confusion regarding package exclusions or insurance adjustments.

Thirdly, the accounts receivable management system reflects moderate efficiency. While claims are prepared carefully and follow-ups are conducted, reimbursements—especially from corporate and insurance providers—can take 15 to 60 days or more. This directly impacts the hospital's cash flow and increases administrative workload. Proper bill sorting for audit, aging monitoring, and systematic documentation positively contribute to revenue tracking, but automation can further strengthen the process.

Another important conclusion relates to inter-departmental coordination. The smooth functioning of billing and receivables depends heavily on communication between pharmacy, nursing, operations, finance, and corporate departments. Any delay in documentation, mismatch in prescription and billing entries, or incomplete patient records may result in claim rejection or extended processing time.

Overall, Utkal Hospital maintains a structured and disciplined billing and credit management system. The hospital ensures affordability and accessibility, particularly for middle-income and insurance-dependent patients. However, improvements in technological integration, portal efficiency, and process automation can significantly enhance operational effectiveness and financial sustainability.

Suggestions

Based on the findings and conclusions of the study, the following suggestions are recommended to improve the efficiency of billing and accounts receivable management at Utkal Hospital:

1. Strengthening Digital Integration and Automation

The hospital can enhance automation within the billing and claims process by integrating advanced claim management software with real-time tracking features. Automated alerts for pending claims,

incomplete documentation, and aging receivables would reduce manual follow-ups and administrative burden. Improved portal synchronization with insurance and government scheme platforms can minimize processing delays.

2. Improving Portal Efficiency and Technical Support

Since delays were sometimes observed due to inefficient scheme portals or technical issues, establishing a dedicated support mechanism for portal handling would be beneficial. Regular training sessions for staff on updated portal guidelines and claim submission protocols can reduce errors and rejection rates.

3. Enhancing Documentation Standardization

Although documentation assembly is systematic, implementing standardized checklists for different schemes (CGHS, ECHS, TPA, Railway, etc.) can further reduce discrepancies. Pre-discharge document verification can help prevent claim rejections due to missing signatures, incomplete reports, or mismatched billing details.

4. Reducing Accounts Receivable Cycle Time

Regular monitoring of aging reports and classification of receivables into time brackets (0–30 days, 30–60 days, 60+ days) will help prioritize follow-ups. Dedicated staff for high-value or long-pending claims can accelerate reimbursement and improve cash flow stability.

5. Enhancing Billing Transparency for Patients

To reduce confusion, especially in package-based treatments, the hospital can provide simplified cost-breakup summaries at the time of admission or pre-authorization. Clear communication regarding inclusions and exclusions will improve patient trust and satisfaction.

6. Strengthening Coordination and Staff Development

Regular coordination meetings between the Corporate Desk, Billing, Pharmacy, and Finance departments can help identify bottlenecks and improve workflow efficiency. A shared tracking system would enhance transparency and accountability. Additionally, periodic training on updated insurance policies, coding standards, and compliance requirements can improve accuracy and reduce claim rejections.

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ANNEXURE

Section 1: Demographic Information

1. **Name:** _____
2. **Age:** _____
3. **Gender:**

- Female
- Male

4. **Occupation:** _____
5. **How did you hear about Utkal Hospital?**

- General Awareness
- Friends/Relatives
- Others (please specify): _____

6. **Has you or a family member received treatment at Utkal Hospital?**

- Yes
- No

7. **Who handled the billing process?**

- Family Member
- Self

Section 2: Patient Experience with the Credit Cell

1. **Were you informed about the estimated treatment cost in advance?**

- Yes, clearly informed
- Partly informed
- Not informed

2. **How would you rate the hospital's billing process transparency?**

- Very Transparent
- Somewhat Transparent
- Not Transparent

Section 3: Patient Experience with Medicine Billing

1. **Was the medicine bill clearly explained to you?**

- Yes, fully explained
- Partly explained
- Not explained

2. **Did you feel the medicine prices were reasonable?**

- Very high
- Somewhat high
- Yes, reasonable

- Not sure

3. **Did you face any delay or confusion while paying the medicine bill?**

- Yes, delay occurred
- Yes, confusion occurred
- No issues

Section 4: Credit / Insurance Facility Utilization

1. **Did you use any credit or insurance facility for bill payment?**

- Yes
- No

2. **If Yes, how easy was the process?**

- Very Easy
- Easy
- Difficult
- Very Difficult

Section 5: Feedback & Suggestions

1. **What improvements would you suggest or expect? (Select all that apply)**

- Faster billing process
- Better explanation of charges

- More digital payment options
- Reduced medicine cost
- Others (please specify): _____