



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name

Child KRITHIK J

4 Male/MHM66021

23/09/2024/1PM2024000862

IP No.

Dr. DHANASEKHAR K

Room No.



D.O.A. 23/9/24 Time 1:00 PM

Rent Per Day 2500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
22/9/24	2.30 PM	ER.	1st floor	Sister 3219
23/9/24	8.30 PM	1st floor (112)	1st floor (114)	Sister 3198

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

Date :	OT. No. :
Surgeon :	Start Time :
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Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

23/9/24 Chest PA C 6757)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

23/9/24 6+3

24/9/24 5+2.

[illegible]

Revision of Pre-Authorisation Amount

Date : 24-Sep-24

Time : 09:07 PM

Dear Sir/Madam,

Greetings from STAR Health!

We are writing with regard to your claim request for the below-mentioned insured patient, for the treatment of BRONCHIOLITIS:

Claim Intimation Number	:	CIR/2025/111121/0961289
Name of the Insured	:	J.KRITHIK
Age / Gender	:	4 years 10 months / Male
Product Name	:	Family Health Optima Insurance Plan
Policy Number	:	11230187099906
Policy Period	:	27-Sep-23 to 26-Sep-24
Date of Admission	:	23-Sep-24
Name of the Hospital and Location	:	MEDWAY HOSPITAL - CHENNAI - 600037

We acknowledge receipt of the bill amount - Rs.18322/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 10716/- on 24-Sep-24.

Please find below a summary of the requested amount, deductions and payables:

Initial (Pre-Authorisation) Approved	Rs. 16000
Final Hospital Bill	Rs. 18322
Admissible Hospital Bill	Rs. 11906
Inadmissible Hospital Bill (Refer Detailed Working Sheet for details)	Rs. 6416
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 10716
Amount Payable by Insured to Hospital from Admissible Hospital Bill (Refer Section D for details)	

Detailed Breakdown

Section	Description	Amount
A.	Final Hospital Bill	Rs. 18322

Star Health and Allied Insurance Co.Ltd.

Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai - 600014

Customer Care Number - 044 6900 6900 | Corporate Customers - 044 43664666 | Chat - +91 9597652225

IRDAI Registration No: 129 | CIN: L66010TN2005PLC056649 | Ph: 044-28288800 | Email: info@starhealth.in

Website: www.starhealth.in | Toll Free Number: 1800-425-2255/1800-102-4477

B.	Deductions against Hospital Bill (Refer Detailed Working Sheet)	Rs. 6416
C.	Admissible Hospital Bill	Rs. 11906
D.	Amount Payable by Insured to Hospital from Admissible Hospital Bill	
1.	Non-payables as shown in the statement	
2.	Co-Pay as per policy conditions	
3.	Deductibles/Defined Limit	
4.	Sum Insured/ Sublimit Exceeded	
5.	Recovery of Discount(s) applied on Renewal	
6.	Balance premium installments to be paid by patient (wherever Insured has opted for installments)	
D. Total		
E.	Miscellaneous	
1.	Network Hospital discount	Rs. 1190
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 1190
F.	Amount Payable by STAR Health to Hospital (C-D-E)	Rs. 10716

Amount Payable by STAR Health to Hospital: Rs. 10716 (Indian Rupees Ten Thousand Seven Hundred and Sixteen Only)

Doctor Authorisation Remarks: maximum payable as per policy terms after deducting irda non payables subject to verification of soc at the time of settlement.

Detailed Working Sheet for Deductions

S.No	Description	Claimed Amount	Expenses not covered as per policy Terms and Conditions against Hospital Bill	Proportionate deductions	Remarks
1	Room Rent(Inclusive of GST) & Nursing charges	3750			

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S.No	Description	Claimed Amount	Expenses not covered as per policy Terms and Conditions against Hospital Bill	Proportionate deductions	Remarks
2	Professional Fees (Surgeon, Anastheist, Consultation charges etc)	3100	1500		DMO,
3	Investigation & Diagnostics	1600			
4	Medicines and Consumables	4772	2216		SET, FIX, DRIP, BED SHEET, BANDAGE, DISPOSABLES CHARGES NEBULIZER
5	c) Other Package	2400			DISINFECTANT, ADMISSION CHARGES
6	Others	2700	2700		
	Total	18322	6416		

TOTAL BILL = 18322

APPROVED = 16716

7606

DISCOUNT = 1190

6416

ADVANCE 5000

TO PAY = 1416

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