BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Manickam

IP No. IPM2024000875

Room No. 309

Mr.MANICKAM R
50/Male/MHM68401
26/09/2024/IPM2024000875
Dr.VAISHNAVI GANESAN

D.O.A. 26/9/24 Time 1:30 AM

Rent Per Day 1500/-

Date	Time	From	To	Sister Signature
26/9/24	4AM	ER	3rd floor (309)	S/N Rechal

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	:
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	:

Date	LABORATORY
26/9/24	CBC, RFT, LFT, Trop-I Qualitative
	Trop-I Quantitative, D-Dimer, NT ProBNP (6845)
26/9/24	ABG (6854)
26/9/24	Chem ME, Urine R/E (6862)
26/9/24	Trop-I (Quantitative) (6869)
27/9/24	K+, HbA1c (6881)

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

26/9/24	ECG (6846)		
26/9/24	ECHO (6860) Done by Dr. Siva		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi		27/9/24					
Dr. Siva (Cardiac)	26/9/24						

PHARMACY

OT DRUGS REPLACED : Paid Amt. : RS. 2071/-

BILL CLEARED : Credit Amt. RS. 85/-

RETURNS CHECKED : Total RS. 2156

Other Procedures : (specify) :-

AMBULANCE

Diet

3159

Admission Officer :

Sister In charge

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, www.Starhealth.in

Cashless Authorization Letter

Claim Number : CIG/2025/110000/0980900 **DATE** : 27/09/2024

(Please quote this number for all further correspondence)

Authorization is valid for admission up to 03/10/2024

MEDWAY HOSPITAL No:Pc7& Pc7A,4Th Block,Bharathi Salai,Mogappair West Nolambur CHENNAI - 600037 Tamil Nadu Rohini Id : 8900080475298	Name of Insurance Company: STAR HEALTH AND ALLIED INSURANCE Name of TPA : Not Applicable Proposer Name : V S T MOTORS PRIVATE LIMITED Patient's Member : Mr.Manickam R ID/TPA/Insurer Id of the Patient : 167164552500028500 Relation with Proposer : EMPLOYEE

Dear Sir / Madam,

This has reference to the pre-authorization request submitted on 27/09/2024. We hereby authorize cashless facility as per details mentioned below:

Patient Name : MR.MANICKAM R	Age : 50YEARS	Gender : Male
	Expected Date of Admission : 26/09/2024	
Policy Number : P/110000/01/2025/035703	Expected Date of Discharge : 27/09/2024	
Policy Period : 19-JUL-2024 - 18-JUL-2025	Estimated length of stay : 2	
Room Category : GENERAL WARD A/C Eligible Room Category as per T&C of Policy Contract :		
Provisional Diagnosis : UNSTABLE ANGINA	Proposed line of treatment : Medical	

Authorization Details:-

Date & Time	Reference number	Amount	Status

Date & Time	Reference number	Amount	Status
27/09/2024 08:02	CLMG/2025/110000/0982660/001	20000	Approved (Pre-Authorisation)
27/09/2024 07:26	CLMG/2025/110000/0982660/002	2099	Enhancement Downsized
27/09/2024 08:02	CLMG/2025/110000/0982660/003	1619	Approved (Enhancement)

Total Authorized amount :- Rs. 19520(Indian Rupees Nineteen Thousand Five Hundred and Twenty Only).

Authorization Remarks :

MAXIMUM PAID

Hospital Agreed Tariff:

I. Package Case :

Agreed Package Rate -

II. Non-Package Case :

Authorization Summary:

Total Bill Amount	: Rs.34301
*Other Deductions	: Rs.12612
Discount	: Rs.2169
Admissible Amount	: Rs.19520
Co-pay	:
Deductibles	:
Total Balance Installment Premium	
No Claim discount in the renewed policy	
Installment Premium Adjusted	

Total = 34301

Approval = 19520

14781

Hospital Discount = 2169

To pay 12612