



[illegible]

### Cashless - Final Approval

**Date : 22-Aug-24**

**Time : 06:02 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 CAD:

<b>Claim Intimation Number</b>	:	CIR/2025/700001/0744051
<b>Name of the Insured</b>	:	GEORGE J
<b>Age / Gender</b>	:	63 years 7 months / Male
<b>Product Name</b>	:	Star Cardiac Care Insurance Policy - Platinum
<b>Policy Number</b>	:	11230237861102
<b>Policy Period</b>	:	02-Feb-24 to 01-Feb-25
<b>Date of Admission</b>	:	22-Aug-24
<b>Date of Discharge</b>	:	22-Aug-24
<b>Name of the Hospital and Location</b>	:	Medway Medical Centre - CHENNAI - 600024

We acknowledge receipt of the final bill amount - Rs.18000/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 13392/- on 22-Aug-24.

**Please find below a summary with details:**

Initial (Pre-Authorisation) Approved	Rs. 5000
Final Hospital Bill	Rs. 18000
Admissible Hospital Bill	Rs. 18000
Bill items not covered as per Policy Conditions (Refer Working Sheet)	
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 13392
Amount Payable by Insured to Hospital from Admissible Hospital Bill (Refer Section D for details)	Rs. 3600

#### **Detailed Breakdown**

Section	Description	Amount
A.	Final Hospital Bill	Rs. 18000

**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.	Bill items not covered by Policy Conditions	
C.	Admissible Hospital Bill	Rs. 18000
D.	<b>Amount Payable by Insured to Hospital from Admissible Hospital Bill</b>	
1.	Non-payables as shown in the statement	Rs. 3600
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		Rs. 3600
E.	<b>Miscellaneous</b>	
1.	Network Hospital discount	Rs. 1008
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 1008
F.	<b>Amount Payable by STAR Health to Hospital (C-D-E)</b>	Rs. 13392

**Amount Payable by STAR Health to Hospital: Rs. 13392 (Indian Rupees Thirteen Thousand Three Hundred and Ninety Two Only)**

**Detailed Working Sheet for Expenses not covered as per policy Terms and Conditions**

S.No	Description	Claimed Amount	Expenses not covered as per policy Terms and Conditions against Hospital Bill	Proportionate deductions	Remarks
1	b) Composite Package	18000		3600	Maximum Allowed Towards Composit

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