STAR Health Insurance
Personal & Caring
The Health Insurance Specialist

Revision of Pre-Authorisation Amount

Date :30-Sep-24
Time :04:46 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 RADICULOPATHY:

Claim Intimation Number	:	CIR/2025/121115/0976177
Name of the Insured	:	C LOGANATHAN
Age /Gender	:	50 years 3 months /Male
Product Name	:	Arogya Sanjeevani Policy, Star Health and
Policy Number	:	11240639152303
Policy Period	:	28-Dec-23 to 27-Dec-24
Date of Admission	:	25-Sep-24
Name of the Hospital and Location	:	Veena Hospital-VEPPAM PALAYAM - 638107

We acknowledge receipt of the bill amount -Rs.26139/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs.18664/- on 30-Sep-24.

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

Initial (Pre-Authorisation) Approved	Rs.19000
Final Hospital Bill	Rs.26139
Admissible Hospital Bill	Rs.20679
Inadmissible Hospital Bill (Refer Detailed Working Sheet for details)	Rs.5460
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill (Refer Section F for details)	Rs.18664
Amount Payable by Insured to Hospital from Admissible Hospital Bill (Refer Section D for details)	Rs.982

Detailed Breakdown

Section	Description	Amount
A.	Final Hospital Bill	Rs.26139

B.	Deductions against Hospital Bill (Refer Detailed Working Sheet)	Rs.5460
C.	Admissible Hospital Bill	Rs.20679
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	Rs.982
3.	Deductibles/Defined Limit	
4.	Sum Insured/Sublimit Exceeded	
5.	Recovery of Discount(s) applied on Renewal	
6.	Balance premium instalments to be paid by patient (wherever Insured has opted for instalments	
D.Total		Rs.982
E.	**Miscellaneous**	
1.	Network Hospital discount	
2.	Deviation from agreed package/SOC	
3.	Others	Rs.1033
E.Total		Rs.1033
F. **Amount Payable by STAR Health to Hospital** (C-D-E)		Rs.18664

Amount Payable by STAR Health to Hospital: Rs.18664 (Indian Rupees Eighteen Thousand Six Hundred and Sixty Four Only)

Doctor Authorisation Remarks: MAXIMUM PAYABLE

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	12540			

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)	8400	3300		DMO NP,
3	Medicines and Consumables	3039			
4	Others	2160	2160		PHYSID, ADM NP
5	Discount in Hospital Bill	-1033			5% Discount in the final enhancement of cashless admissions,
	Total	25106	5460		

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MR. LOGANATHAN D.O.A. 25/09/24 Time 9.40 am.

IP No. 2022000372

Room No. 206 Rent Per Day 1680 / Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
25/09/24	9.40am	EMR.	ward.	Jaithun P.

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**

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

26/9/24	MRI OF LUMBOSACRAL SPINE (outside)		

CBG

CBG

PHYSIOTHERAPY

Date	
27/9/24	(P) - visit.
28/9/24	(P) - visit.
29/9/24	(P) - visit.
30/9/24	(P) - visit

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. parthiban	25/9/24 (1)	26/9/24 (1)	27/9/24 (1)	28/9/24 (1)	29/9/24 (1)	30/9/24 1	
DR. Dinesh.	28/9/24 (paid 500)						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : TOTAL AMOUNT :	
BILL CLEARED : RS. 3039.	
RETURNS CHECKED :	

Other Procedures : (specify) :-

D. O. A 25/9/24 9.40am

D. O. D 30/9/24 2PM

Admission Officer :

Sister In-charge