

Ref: Dr. Mohankumar

INSURANCE

PAG

MHI/DP/2022/104



Medway Hospital
The way to better health
(A Unit of United Alliance Healthcare)

BILLING CARD





Where heart beat never stops...

Patient Name Mr. KARUNAKARAN.T.V.
68/Male/MHI202485395
23/08/2024/1PH2024001950

IP No. Dr.G. GNANAVELU

Room No. 

D.O.A. 23/8/24 Time 10:51AM

Rent Per Day Rs

TRANSFER DETAILS				
Date	Time	From	To	Nurse's Signature
23/8/24	10:52	Adm	RL	Dr. H039
23/8/24	12:30	RL	Cath lab	Dr. H039
23/8/24	1:20 PM	Cath lab	RL	Dr. H039

OPERATION THEATRE	
Date : 23/8/24	OT No. : Cath Lab
Surgeon : Dr. G. Gnanavelu	Start Time : 12:45 PM
I Asst. Surgeon :	End Time : 1 PM
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : Dr. H039	Arthroscopy :
Name of Surgery : Cath	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. morphi:
	Others :

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED				SCD PUMP		VENTILATOR	
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

Cashless - Final Approval

Date : 23-Aug-24

Time : 04:49 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:

Claim Intimation Number	:	CIR/2025/111115/0764265
Name of the Insured	:	T.V. KARUNAKARAN
Age / Gender	:	68 years 4 months / Male
Product Name	:	Senior Citizens Red Carpet Health Insurance
Policy Number	:	11230169352002
Policy Period	:	22-Sep-23 to 21-Sep-24
Date of Admission	:	23-Aug-24
Date of Discharge	:	23-Aug-24
Name of the Hospital and Location	:	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. 9374/- on 23-Aug-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 0
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. 9374
Amount Payable by Insured to Hospital from Admissible Hospital Bill (Refer Section D for details)	Rs. 7618

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.	Amount Payable by Insured to Hospital from Admissible Hospital Bill	
1.	Non-payables as shown in the statement	Rs. 3600
2.	Co-Pay as per policy conditions	Rs. 4018
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. 7618
E.	Miscellaneous	
1.	Network Hospital discount	Rs. 1008
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 1008
F.	Amount Payable by STAR Health to Hospital (C-D-E)	Rs. 9374

Amount Payable by STAR Health to Hospital: Rs. 9374 (Indian Rupees Nine Thousand Three Hundred and Seventy Four Only)

Doctor Authorisation Remarks: MAXIMUM PAYABLE

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

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