REF:- Dr. MOHAN KUMAR

INSURANCE

PTCA + IVUS

Discharge on 31/8/24 MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

Medway Heart Institute
Where heart beat never stops...

Mr.KARUNAKARAN.T.V.
68/Male/MHI02485395
28/08/2024/IP1202400198
Dr.G. GNANAVELU

SAFETY FIRST

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 28/08/24 Time 10:27 A.M

CCU - 2
Ward - 1.5

ANSFER DETAILS

Rent Per Day TIS

Date	Time	From	To	Nurse's Signature
28/8/24	11.05	Admission	IInd Floor 207(B)	
28/8/24	13.15	IInd floor (207B)	Cath Lab	
28/8/24	18.05	Cath Lab.	CCU	
29/8/24	12:35	CCU	Cath	
29/8/24	18.15	Cath Lab	CCU	
30/8/24	10.30	CCU	Ist Floor 113	

OPERATION THEATRE

Date	:	28/8/24	OT No.	:	Cath Lab II
Surgeon	:	Dr. Gnanavely	Start Time	:	13.30
I Asst. Surgeon	:		End Time	:	17.10
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:		C-Arm	:	
OT Nurse	:	RN. Sandhya	Arthroscopy	:	
Name of Surgery	:	PTCA + IVUS	Laproscopy	:	
			Sevoflurane / Isoflurane	:	
			Inj. Fentanyl	:	2ml 10ml/inj. monphi:
			Others	:	

MONITOR

Date	Start	Date	Disconnect
28/8/24	18.05	30/8/24	10.30

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
29/8/24	13.55	30/8/24	8.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

Total - 2,75,000/-

OPERATION THEATRE

Date	: 29/8/24	OT. No. Cathlab.	: Cath lab -1
Surgeon	: Dr. Gnanavelu.	Start Time	: 13.15
I Asst. Surgeon	:	End Time	: 18.05
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Priya.	Arthroscopy	:
Name of Surgery	: PTCA + IVL	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY
29/8/24	Urea, Creat (0961)
30/8/24	Urea, Creat (1033)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
28/8/24	ECHO (10958)		
29/8/24	ECG (0967)		
29/8/24	ECHO (11015)		
30/8/24	ECG (1033)		

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
28/8/24	i-STAT (11014)						
28/8/24	1 (10958)						
29/8/24	1 (0967)						
29/8/24	1 (11015)						
30/8/24	1 (1033)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GNANAVELU	28/8/24	29/8/24	30/8/24	31/8/24			
Ms. Catherine (Dietitian)	28/8/24	29/8/24	30/8/24				
Ms. Sevathai (Psychologist)	31/8/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	T - 8,77,602/-
BILL CLEARED : 67524 / 0188	
RETURNS CHECKED : 31/8/24.	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Roshna banu.

Sister In-charge

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM,
KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686

UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
29/08/2024	AUC/WS537 1/1
Terms: WHOLE SALES	Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ	DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1		OPTICROSS CATHETER 3.0FX135	1	90183220	33001457	01/25	1	0	12 %	5357.14	44642.85	50000.00	44642.85
2		RYUREI BALLOON RX 2.00MM-10MM	1	30041010	240311	02/27	1	0	12 %	1132.80	9440.00	10572.80	9440.00
3	1 NA	ACCUFORCE BALLOON RX 3.00X12	1	30041010	240517	01/25	2	0	12 %	2265.60	9440.00	10572.80	18880.00
4	1 NA	STENT RONYX30034X ONYX 3.00X34RX OREVAC	1	90219090	0011679308	03/26	1	0	5 %	1913.20	38264.00	40178.00	38264.00
5		STENT RONYX27538X ONYX	1	90219090	0012234489	04/27	1	0	5 %	1913.20	38264.00	40178.00	38264.00
6	1 NA	GEC TELE 6F TELESCOPE OUS	1	30049099	0011573443	01/25	1	0	12 %	4672.80	38940.00	43612.80	38940.00
7	1 NA	APOLLO NC BALLOON 3.25 X 12	1	90189099	2405156664	05/26	1	0	12 %	1132.80	9440.00	10572.80	9440.00
8		BMW GUIDE WIRE 0.014/190CM	1	90183990	4031371	02/26	2	0	12 %	1358.57	5660.71	6340.00	11321.42
9	1 NA	ACROSS HP 2.5X 10MM	1	90189099	23A255	01/25	1	0	12 %	1239.00	10325.00	11564.00	10325.00
10	1 NA	WOLVERINE CB MR OUS 2.00X10	1	90213100	32234161	08/25	1	0	12 %	6230.40	51920.00	58150.40	51920.00

MEDWAY HOSPITALS
No.2, Old No.26, 1st Main Road,
United India Colony,
Kodambakkam, Chennai-600 024

ITEMS : 10 QTY : 12 BASE :271437.27 SGST : 13607.76 CGST :13607.76 GST : 27215.51 Goods Value: 271437.27

Category	Gross	CGST	SGST	Amount
5 %	76528.00	1913.20	1913.20	80354.40
12 %	194909.27	11694.56	11694.56	218298.38

P(Disc)	DB		
	CR		
	CD	0.00	0.00
	Rounded Net Amount		298653.00

Amount In Words : Two Lakhs Ninety Eight Thousand Six Hundred Fifty Three Rupees Only

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-KARAUNAKARAN-IP-2024001985-DR.GNANAVELU

Customer Outstanding: **117717583.00**

For AUCTUS LABS PRIVATE LIMITED

User Name
HARI

AUTHORIZED SIGNATORY

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM,
KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
31/08/2024	AUC/WS550 1/1
Terms: WHOLE SALES	Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ	DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	APOLLO NC BALLOON 3.25 X 10	1	90213100	2405156663	05/26	1	0	12 %	1132.80	9440.00	10572.80	9440.00
2	1 NA	SHOCKWAVE 6F C2 3.5X12-138CM	1	30041010	03D230803A	08/25	1	0	12 %	26785.71	223214.2	250000.0	223214.28
3	1 NA	OPN NC PTCA BALLOON CATH 3X10	1	30041010	212750	09/27	1	0	12 %	4200.00	35000.00	39200.00	35000.00
4	1 NA	OPN NC PTCA BALLOON CATH 2.5X10	1	30049099	210953	03/27	1	0	12 %	4200.00	35000.00	39200.00	35000.00
5	1 NA	RYUREI BALLOON RX 2.50MM-10MM	1	90189099	240216	01/27	1	0	12 %	1132.80	9440.00	10572.80	9440.00
6	1 NA	ACCUFORCE BALLOON RX 3.00X12	1	30041010	240227	01/27	1	0	12 %	1132.80	9440.00	10572.80	9440.00
7	1 NA	SYNERGY OUS MR 3.50 X 16	1	90189029	30791396	12/24	1	0	5 %	1913.25	38265.07	40178.32	38265.07
8	1 NA	PANTERA LEO 3.5 X 8	1	90189099	05226537	06/25	1	0	12 %	1132.80	9440.00	10572.80	9440.00
9		BMW GUIDE WIRE 0.014/190CM	1	90183990	4030471	02/26	3	0	12 %	1805.40	5015.00	5616.80	15045.00
10		PTCA GUIDE WIRE WHISPER ES	1	90189099	4032572	02/26	1	0	12 %	601.80	5015.00	5616.80	5015.00
11	1 NA	ASAHI SION BLUE PTCA GUIDE WIRE	1	30049099	240209A281	01/27	1	0	12 %	736.32	6136.00	6872.32	6136.00

ITEMS : 11 QTY : 13 BASE :395435.35 SGST : 22386.84 CGST :22386.84 GST : 44773.69 Goods Value: 395435.35

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	38265.07	956.63	956.63	40178.32		CR	
12 %	357170.28	21430.22	21430.22	400030.71		CD 0.00	0.00
						Rounded Net Amount	**440209.00**

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Four Lakhs Forty Thousand Two Hundred Nine Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-KARUNAKARAN-IP-2024001985-DR.GNANAVELU
Customer Outstanding: **118749388.00**

User Name
MARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY

...AY HOSPITALS
No.2, Old No.26, 1st Main Road,
United India Colony,
Kodambakkam, Chennai - 600 024

FINAL BILL

Name : MR.KARUNAKARAN T V	IP Number : IPH2024001985
Age / Sex : 68 Years / MALE	D.O.A. : 28/08/2024 AT 10:34
Doctor Name : Dr. GNANAVELU	D.O.D. : 31/08/2024 AT 18:00
TPA / Insurance : STAR	CLAIM NO : CIR/2025/111115/0786527

ADMINISTRATION CHARGES	1500.00
SHARING ROOM CHARGES (3500 X 1.5 DAYS)	5250.00
BED CHARGES CCU (7000 X 2 DAY)	14000.00
LABORATORY	2210.00
RADIOLOGY	1920.00
SYRINGE PUMP CHARGE	1000.00
MONITOR CHARGE	1000.00
STERILIZATION AND DISINFECTANT CHARGES	2500.00
IMPLANT CHARGES	738862.00
DRUGS	67860.00
CATH LAB CHARGE (PTCA)	15000.00
DIET CHARGES	1500.00
(PROFESSIONAL TEAM FEES) :-	
DR GNANAVELU	25000.00
TOTAL SERVICE AMOUNT	**877602.00**

INSURANCE CO ORDINATOR
UNITED ALIIANCE HEALTH CARE PVT LTD

MEDWAY HOSPITALS
No.2, Old No.26, 1st Main Road,
United India Colony,
Kodambakkam, Chennai-600 024.

STAR Health Insurance
Personal & Caring
The Health Insurance Specialist

Cashless - Final Approval

Date : 31-Aug-24
Time : 09:26 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 CORONARY ARTERY DISEASE:

Claim Intimation Number	:	CIR/2025/111115/0786527
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	:	28-Aug-24
Date of Discharge	:	31-Aug-24
Name of the Hospital and Location	:	Medway Medical Centre - CHENNAI - 600024

We acknowledge receipt of the final bill amount - Rs.877602/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 207832/- on 31-Aug-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 70000
Final Hospital Bill	Rs. 877602
Admissible Hospital Bill	Rs. 877602
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. 207832
Amount Payable by Insured to Hospital from Admissible Hospital Bill (Refer Section D for details)	Rs. 647423

Detailed Breakdown

Section	Description	Amount
A.	Final Hospital Bill	Rs. 877602

B.	Bill items not covered by Policy Conditions	
C.	Admissible Hospital Bill	Rs. 877602
D.	**Amount Payable by Insured to Hospital from Admissible Hospital Bill**	
1.	Non-payables as shown in the statement	Rs. 558352
2.	Co-Pay as per policy conditions	Rs. 89071
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. 647423
E.	**Miscellaneous**	
1.	Network Hospital discount	Rs. 22347
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 22347
F. **Amount Payable by STAR Health to Hospital** (C-D-E)		Rs. 207832

Amount Payable by STAR Health to Hospital: Rs. 207832 (Indian Rupees Two Lakh Seven Thousand Eight Hundred and Thirty Two Only)

Doctor Authorisation Remarks: FA

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	Room Rent(Inclusive of GST) & Nursing charges	5250			