INSURANCE

Discharge on 23/9/24

CABG

MHI/DP/2022/104

Rd DR. Kailash A Jain

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...

Patient Name: Mr.GOPAL C
58/Male/MHI202485496
16/09/2024/IP112024002172
Dr.KAILASH A JAIN

IP No.

Room No.

D.O.A. 16/9/24 Time 11.22AM

CCU - 2
Ward - 15

Rent Per Day 106 201

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
16/9/24	12.10	ADMISSION	IInd Floor 201	[signature]
18/9/24	7.30	IInd FLOOR	CTOT - II	[signature]
18/9/24	13:55	CTOT - II	SICU	[signature]
19/09/24	12:00	SICU	SDICU	[signature]
20/09/24	12.20	SDICU	IInd Floor 201-B	[signature]

OPERATION THEATRE

Date	: 18/9/24	OT No.	: II
Surgeon	: Dr Kailash A Jain	Start Time	: 7.45 am.
I Asst. Surgeon	: Dr - Bhayoor Ahmed	End Time	: 13.55 pm.
II Asst. Surgeon	: Mr. Geetha	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: Used.
Anaesthetist	: Dr Shapna Verma	C-Arm	: —
OT Nurse	: S/o Thoutkalam/Mala	Arthroscopy	: —
Name of Surgery	: op CAB (CLOSED Heart)	Laproscopy	: —
Rs 1000 / To be charged to ETO.		Sevoflurane / Isoflurane	: 3 Hrs
Man Saw used.		Inj. Fentanyl	: 2ml 10ml/inj. monphi: —
		Others	: —

MONITOR

Date	Start	Date	Disconnect
18/9/24	14.00	20/9/24	12.10

2 [signature]

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
18/9/24	14.00	20/9/24	6.00

2 [signature]

SYRINGE PUMP

Date	Start	Date	Disconnect
18/9/24	14.00	18/9/24	5:00
18/9/24	14.00	19/9/24	12:00

2 [signature]

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP / VENTILATOR

Date	Start	Date	Disconnect
18/9/24	14.00	18/9/24	18.25

0.5 [signature]

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
19/9/24	CBC, urea, creatinine (12115)
22/9/24	CBC, urea, cr+, na+, k+ (2353)

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

18/9/24	CXR AP BS (1) (12092)		
18/9/24	ECG Bedside (1) (12092)		
19/9/24	ECG Bedside (12115)		
19/9/24	CXR A/P (12162)		
22/9/24	CXR, ECG, Echo (2354)		

CBG

DATE	NUMBERS	DATE	NUMBERS
16/9/24	1+1	24:00	
17/9/24	1+1+1		
18/9/24	1+		
19/9/24	2 (12135)		
20/9/24	1 (12187)		
20/9/24	1+1		
21/9/24	1+1+1	24:00	
22/9/24	1+1		
23/9/24	1+1		

ABG

DATE	NUMBERS	DATE	NUMBERS
18/9/24	3 (12092)	18/9/24 OT	4 (12101)
18/9/24 OT	2 (12101)		
19/9/24	2 (12115)		
19/9/24	1 (12148)		
20/9/24	1 (2287		

ACT

PHYSIOTHERAPY

Date	
18/9/24	18:00
19/9/24	6:00 / 9:37 / 17.00 / 21:00
20/9/24	6:00 / 9:50 / 16:30
21/9/24	10:30 / 16.30
22/9/24	10:00 / 15:00

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
18/9/24	2+1		
19/9/24	3+1+1+1		
20/9/24	1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Kailash Jain	16/9/24	17/9/24	18/9/24	19/9/24	20/9/24	21/9/24	22/9/24
DR. Shapna varma (Anaes)	16/9/24		———	———			
Dr. Kailash Jain	23/9/24		———	———			
Mrs. Catherine (Dietitian)	16/9/24	18/9/24	19/9/24	20/9/24	23/9/24 →		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : ✓ BILL CLEARED : 108644 / [illegible] 0188 RETURNS CHECKED : 23/9/24.	T- 3,92,500

CROSS MATCHING :

RESERVATION PF BLOOD : 4 (1) PCV Reservation done confirm from lavanya sister

STERILE TRAY USED : 1 SR TRAY (1) no used in Emo on 19/9/24 / SR Tray (1) used

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : 2D TEE PROBE → Instrumental Charges

Admission Officer : Parth	Sister In-charge

Cashless - Final Approval

Date : 24-Sep-24
Time : 02:21 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/2025/111119/0882931
Name of the Insured	:	C.GOPAL
Age / Gender	:	58 years 3 months / Male
Product Name	:	Star Comprehensive Insurance Policy
Policy Number	:	11240441026403
Policy Period	:	18-Oct-23 to 17-Oct-24
Date of Admission	:	16-Sep-24
Date of Discharge	:	23-Sep-24
Name of the Hospital and Location	:	Medway Medical Centre - CHENNAI - 600024

We acknowledge receipt of the final bill amount - Rs.400195/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 297597/- on 24-Sep-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 100000
Final Hospital Bill	Rs. 400195
Admissible Hospital Bill	Rs. 319996
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 80199
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 297597
Amount Payable by Insured to Hospital from Admissible Hospital Bill (Refer Section D for details)	

Detailed Breakdown

Section	Description	Amount
A.	Final Hospital Bill	Rs. 400195

B.	Bill items not covered by Policy Conditions	Rs. 80199
C.	Admissible Hospital Bill	Rs. 319996
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	
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		
E.	**Miscellaneous**	
1.	Network Hospital discount	Rs. 22399
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 22399
F. **Amount Payable by STAR Health to Hospital** (C-D-E)		Rs. 297597

Amount Payable by STAR Health to Hospital: Rs. 297597 (Indian Rupees Two Lakh Ninety Seven Thousand Five Hundred and Ninety Seven Only)

Doctor Authorisation Remarks: MAXIMUM PAYABLE
KINDLY PROVIDE ALL DOCUMENTS DURING FINAL SETTLEMENT - SUBJECT TO VERIFICATION OF SOC

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