REF: DR. Kailash A Jain

INSURANCE

CAG + PCI

Discharge on 4/9/24

MHI/DP/2022/104

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

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mrs.KAMALA LALITH KUMAR
63/Female/MHI202485587
02/09/2024/IP112024002033
Dr.KAILASH A JAIN

D.O.A. 02/09/24 Time 03:13 P.M

IP No. _____

Room No. ___ CCU - 1
Ward - 1.5

Rent Per Day CCU

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
2/9/24	15.15	ER	CCU	
2/9/24	16.00	CCU	Cathlab	
2/9/24	17.45	CATH LAB	CCU	
3/9/24	10.50	CCU	110	

OPERATION THEATRE

Date	: 2/9/2024	OT No.	: Cath lab - I
Surgeon	: DR. JAISHANKAR	Start Time	: 16.15
I Asst. Surgeon	:	End Time	: 17.10
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: P/N panchavarm	Arthroscopy	:
Name of Surgery	: CAG + PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
2/9/24	15.15	3/9/24.	10.50

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

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
2/9/24	CATH PACKAGE, TROP I (QUANITITATIVE) , RFT (1164)
3/9/24	CBC, RFT (1191) , LFT (1198)

(2) (1)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
2/9/24	ECG (1191)		
3/9/24	ECG (1191)		
3/9/24	USG ABDOMEN (1204)		

(3)

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
2/9/24	1 (1191)						
2/9/24	1 (1191)						
3/9/24	0 (1191)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. K. JAISHANKAR	2/9/24	3/9/24	4/9/24				
Dr. Kailash Jain	2/9/24	3/9/24	4/9/24				
Dr. Elakiya	4/9/24						
Ms. Catherine (Dietitian)	2/9/24	3/9/24	4/9/24				

PHARMACY

OT DRUGS REPLACED :

BILL CLEARED : 21990 /- Dr. [illegible]

RETURNS CHECKED : 4/9/24.

AMBULANCE

T - 3,56,990

Adv - NIL

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Observation charges 1550 + [illegible]

Admission Officer : Reshma 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
03/09/2024	AUC/WS557 1/1
Terms	Salesman Name
WHOLE SALES	4-PATIENT
GSTIN	DL NO : N.A
33AABCU3941Q1ZZ	

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	XIENCE SIERRA DES 3.0X18.	1	30049099	4042341	04/27	1	0	5 %	1913.25	38265.06	40178.32	38265.06
2	1 NA	ACROSS HP 2.0X10MM	1	90183290	24A138	01/25	1	0	12 %	1239.00	10325.00	11564.00	10325.00
3	1 NA	INFLATION DEVICE GM-30	1	30049099	ND230615A	07/26	1	0	12 %	708.00	5900.00	6608.00	5900.00

ITEMS : 3 QTY : 3 BASE : 54490.06 SGST : 1930.13 CGST : 1930.13 GST : 3860.25 Goods Value: 54490.06

Category	Gross	CGST	SGST	Amount	P(Disc)		
5 %	38265.06	956.63	956.63	40178.31		DB	
12 %	16225.00	973.50	973.50	18172.00		CR	
						CD 0.00	0.00
					Rounded Net Amount		58350.00
					AXIS A/C : 922030011606851 IFSC : UTIB0001165		

Amount In Words : Fifty Eight Thousand Three Hundred Fifty Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-KAMALA LALITH KUMAR-IP-2024002033-DR.KAILASH A JAIN

Customer Outstanding: **119538875.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

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
NITED ALLIANCE HEALTHCARE (P)
TD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
H :

Bill Date	Bill No & Page No
04/09/2024	AUC/WS564 1/1
Terms: WHOLE SALES	Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ	DL NO : N.A

No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
	1 NA	WOLVERINE CB MR OUS 2.00X10	1	90213100	33313739	01/26	1	0	12 %	6952.93	57941.07	64894.00	57941.07
	1 NA	ARTIMES BALLOON 1.0 X 10	1	30049099	2403294317	04/26	1	0	12 %	2678.57	22321.42	25000.00	22321.42
	1 NA	INFLATION DEVICE GM-30	1	30049099	ND231219A	12/26	1	0	12 %	964.29	8035.71	9000.00	8035.71
		ASAHI FIELDER XT	1	90183990	231227A011	12/26	1	0	12 %	1446.43	12053.57	13500.00	12053.57
	1 NA	MOZEC NC 2.5X13	1	30041010	PMNCJ25	10/26	1	0	12 %	2142.86	17857.14	20000.00	17857.14
	1 NA	MOZEC NC 2.0X13MM	1	30049099	PMNCJ05	10/26	1	0	12 %	2142.86	17857.14	20000.00	17857.14

ITEMS : 6 QTY : 6 BASE :136066.05 SGST : 8163.96 CGST : 8163.96 GST : 16327.93 Goods Value: 136066.05

Category	Gross	CGST	SGST	Amount	P(Disc)	DB		
12 %	136066.05	8163.96	8163.96	152393.98		CR		
						CD	0.00	0.00
						Rounded Net Amount		152394.00
					AXIS A/C : 922030011606851 IFSC : UTIB0001165			

Amount In Words : One Lakhs Fifty Two Thousand Three Hundred Ninety Four Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-KAMALA LALITH KUMAR-IP-2024002033-DR.DR.KAILASH A JAIN

Customer Outstanding: 120029336.00

For AUCTUS LABS PRIVATE LIMITED

User Name
HARI

AUTHORIZED SIGNATORY

Cashless - Final Approval

Date : 04-Sep-24
Time : 06:59 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 ACS:

Claim Intimation Number	:	CIR/2025/111121/0830225
Name of the Insured	:	KAMALA LALITH KUMAR
Age / Gender	:	63 years 10 months / Female
Product Name	:	Senior Citizens Red Carpet Health Insurance
Policy Number	:	11230074741002
Policy Period	:	05-Aug-24 to 04-Aug-25
Date of Admission	:	03-Sep-24
Date of Discharge	:	04-Sep-24
Name of the Hospital and Location	:	Medway Medical Centre - CHENNAI - 600024

We acknowledge receipt of the final bill amount - Rs.358298/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 229232/- on 04-Sep-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 75000
Final Hospital Bill	Rs. 358298
Admissible Hospital Bill	Rs. 344348
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 13950
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 229232
Amount Payable by Insured to Hospital from Admissible Hospital Bill (Refer Section D for details)	Rs. 98243

Detailed Breakdown

Section	Description	Amount
A.	Final Hospital Bill	Rs. 358298

B.	Bill items not covered by Policy Conditions	Rs. 13950
C.	Admissible Hospital Bill	Rs. 344348
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. 98243
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. 98243
E.	**Miscellaneous**	
1.	Network Hospital discount	Rs. 16873
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 16873
F. **Amount Payable by STAR Health to Hospital** (C-D-E)		Rs. 229232

Amount Payable by STAR Health to Hospital: Rs. 229232 (Indian Rupees Two Lakh Twenty Nine Thousand Two Hundred and Thirty Two Only)

Doctor Authorisation Remarks: Maximum paid

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	5000			