(Mogappair West)

INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name : Mr.PRAVIN PARVATIKAR
43/Male/MHM202406737
05/09/2024/IPM2024000782
Dr.VAISHNAVI GANESAN

IP No. _____

Room No. ___

D.O.A. 05/09/24 Time 12.05AM

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/9/24	01:30	ER	3rd Floor	Shanthi 3224
6/9/24	1 PM	Mogappair West ER	Heart Position	M. Devi/220
6/9/24	1.30Pm	ER	Cath lab	M. Devi/220
6/9/24		CATHLAB		Preethi

OPERATION THEATRE

Date	: 06/09/24	OT No.	: CATHLAB-1
Surgeon	: Dr. Jaishankar. K	Start Time	: 14:00
I Asst. Surgeon	:	End Time	: 14:30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Bavadharani	Arthroscopy	:
Name of Surgery	: CAG	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
5/9/24	CBC, CKD, RFT, LFT, HBA1C, Trop-I (Quantitative) (6324)
5/9/24	Viral Serology (Hiv I & II, HbsAg, Anti Hcv) (6328)
5/9/24	CK (CPK-total), CK-MB (Trop-I) Quantitative (6339)

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

5/9/24	ECG - (3) (6325)	
5/9/24	Xray - (1) chest (6325)	
	CBCT Abdomen }	paid (op) (OPM2024060502 (Vinoth brother)
	AT USG scrotum }	
5/9/24	ECG (6337) (1)	

CBG

5/9/24	91mg/dl (6326)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Vaishnav	5/9/24						
Dr Sudarsan (Cardiologist)	5/9/24						
Dr Aravind	~~5/9/24~~	5/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Sale: Rs. 11398/-	
BILL CLEARED : (credit) IMS. 3167	
RETURNS CHECKED : Time: 9.51 Pm 12/9/24	

Other Procedures : (specify) :-

(CAG)
Clearance OK -> 6/9/24 (C SIS. RANJANI)
CAU clearance 3159

Admission Officer : 3224

Sister In-charge

Cashless - Final Approval

Date : 06-Sep-24
Time : 08:35 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 SYNCOPE UNDER EVALUATION WITH TORSION TESTIS:

Claim Intimation Number	:	CIR/2025/700002/0847855
Name of the Insured	:	PRAVIN PARVATIKAR
Age / Gender	:	43 years 4 months / Male
Product Name	:	Star Comprehensive Insurance Policy
Policy Number	:	P/700002/01/2023/016286
Policy Period	:	20-May-22 to 19-May-25
Date of Admission	:	05-Sep-24
Date of Discharge	:	06-Sep-24
Name of the Hospital and Location	:	MEDWAY HOSPITAL - CHENNAI - 600037

We acknowledge receipt of the final bill amount - Rs.67323/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 39683/- on 06-Sep-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 5703
Final Hospital Bill	Rs. 67323
Admissible Hospital Bill	Rs. 61356
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 5967
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 39683
Amount Payable by Insured to Hospital from Admissible Hospital Bill (Refer Section D for details)	Rs. 15897

Detailed Breakdown

Section	Description	Amount
A.	Final Hospital Bill	Rs. 67323

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)	3200			
3	Investigation & Diagnostics	23779			
4	Medicines and Consumables	12644	1267		GLOVES EASYFIX UNDER PAD DISPOSABLE
5	b) Composite Package	18000		3600	CORANARY ANGIOGRAIVI
6	Others	4700	4700		ADMINISTRATION DMO CHARGES DISINFECTANT CHARGE DISPOSABLE
	Total	**67323**	**5967**	**3600**	

TOTAL BILL : 67323

APPROVED = 39683

27640

DISCOUNT 5776

21864

23000

TO REFUND = 1136

B.	Bill items not covered by Policy Conditions	Rs. 5967
C.	Admissible Hospital Bill	Rs. 61356
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	
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	Rs. 12297
D. Total		Rs. 15897
E.	**Miscellaneous**	
1.	Network Hospital discount	Rs. 5776
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 5776
F. **Amount Payable by STAR Health to Hospital** (C-D-E)		Rs. 39683

Amount Payable by STAR Health to Hospital: Rs. 39683 (Indian Rupees Thirty Nine Thousand Six Hundred and Eighty Three 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			