BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mrs.JEYANTHI. D
44/Female/MHM202406768
06/09/2024/IPM2024000790
Dr.VAISHNAVI GANESAN

Patient Name Jeyanthi

IP No. IPM2024000790

Room No. 112

D.O.A. 06/9/24 Time 2:30pm

Rent Per Day —

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
6/9/24	3:45PM	ER	1st Floor(112)	S/N Rachel

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	:

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
6/9/24	CBC, CRP, RFT, LFT, Urine RE, ~~blood~~ widal (slid) Dengue ~~Ag~~ m, NS1 (ELFA) (6366) HbA1c (6366) Blood GS (6426)
~~8/9/24~~	~~TFT, FLP (6407)~~
9/9/24	CBC, PCT (6438)

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

6/9/24	ECG (6361)		
6/9/24	CT chest (6371)	Yarmi scan	
6/9/24	USG Abdomen (6378)	yarmi scan	

CBG

6/9/24	1 (6361)		
8/9/24	1 (6400) + 1		
9/9/24	2 (6420) + 1		

CBG

	1 (6435) + 1	(6437)	

Date / PHYSIOTHERAPY

NEBULIZER

6/9/24	2+2		
7/9/24	2+2		
8/9/24	2+		
9/9/24	2+		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Vaishnavi	6/9/24	9/9/24					
Dr. Elakya	09/09/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 1295/-	
BILL CLEARED :	
RETURNS CHECKED : 9/9/24 4.17pm	

Other Procedures : (specify) :-

Admission Officer :	Sister In-charge

Cashless - Final Approval

Dear Sir/Madam,

Date : 09-Sep-24
Time : 06:21 PM

Greetings from STAR Health!

We are writing with regard to your claim request for the below-mentioned insured patient, for the treatment of FEVER/LRTI:

Claim Intimation Number	:	CIR/2025/111115/0858060
Name of the Insured	:	JEYANTHI D
Age / Gender	:	45 years 3 months / Female
Product Name	:	Family Health Optima Insurance Plan
Policy Number	:	11220014940803
Policy Period	:	15-Feb-24 to 14-Feb-25
Date of Admission	:	09-Sep-24
Date of Discharge	:	09-Sep-24
Name of the Hospital and Location	:	MEDWAY HOSPITAL - CHENNAI - 600037

We acknowledge receipt of the final bill amount - Rs.58326/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 45561/- on 09-Sep-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 0
Final Hospital Bill	Rs. 58326
Admissible Hospital Bill	Rs. 50357
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 7969
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 45561
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. 58326

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)	6400			,
3	Investigation & Diagnostics	19380	3646		Cbg, Hba1c charge not payable - Rs.600/- allowed As per NABH accreditation for Dengue.
4	Medicines and Consumables	19296	1623		Easyfix, Discharge medicine, Disposables not payable
5	c) Other Package	1800			Nebulizer charge
6	Others	2700	2700		Administration, Disinfectant charge not payable
	Total	**58326**	**7969**		

TOTAL BILL = 58326
APPROVED = 45561
12765
DISCOUNT 4796
7969

B.	Bill items not covered by Policy Conditions	Rs. 7969
C.	Admissible Hospital Bill	Rs. 50357
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. 4796
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 4796
F. **Amount Payable by STAR Health to Hospital** (C-D-E)		Rs. 45561

Amount Payable by STAR Health to Hospital: Rs. 45561 (Indian Rupees Forty Five Thousand Five Hundred and Sixty One 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	Room Rent(Inclusive of GST) & Nursing charges	8750			2500*3.5