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Revision of Pre-Authorisation Amount

Date: 11-Sep-24

Time: 05:46 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 TYPHOID FEVER:

Claim Intimation Number

CIR/2025/131138/0874275

Name of the Insured

LAKSHMISHANKAR KRISHNANANDAN

Age / Gender

38 years 4 months / Male

Product Name

Star Comprehensive Insurance Policy

Policy Number

11250675359808

Policy Period

27-Aug-24 to 26-Aug-25

Date of Admission

09-Sep-24

Name of the Hospital and Location

MEDWAY HOSPITAL - CHENNAI - 600037

We acknowledge receipt of the bill amount - Rs.32934/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 21342/- on 11-Sep-24.

Please find below a summary of the requested amount, deductions and payables:

	Rs. 24000
Initial (Pre-Authorisation) Approved	Rs. 32934
Final Hospital Bill	Rs. 23713
Admissible Hospital Bill	Rs. 9221
Inadmissible Hospital Bill (Refer Detailed Working Sheet for details)	RS. 9221
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill	Rs. 21342
Refer Section F for details) Amount Payable by Insured to Hospital from Admissible Hospital Bill (Refer Section D for details)	

Detailed Breakdown

	Description	Amount
Section		Rs. 32934
Α.	Final Hospital Bill	RS. 32934

Star Health and Allied Insurance Co.Ltd.

Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai - 600014

Customer Care Number - 044 6900 6900 | Corporate Customers - 044 43664666 | Chat - +91 9597652225

IRDAI Registration No: 129 | CIN: L66010TN2005PLC056649 | Ph: 044-28288800 | Email: info@starhealth.in

Website: www.starhealth.in | Toll Free Number: 1800-425-2255/1800-102-4477



	Deductions against Hospital Bill (Refer Detailed Working Sheet)	Rs. 9221
3.		Rs. 23713
C.	Admissible Hospital Bill	ospital Bill
D.	Amount Payable by Insured to Hospital from Admissible H	
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. To		
E.	Miscellaneous	
1.	Network Hospital discount	Rs. 2371
2.	Deviation from agreed package/SOC	
3.	Others	Do 2271
 Е. То	tal	Rs. 2371
E. 10	mount Payable by STAR Health to Hospital (C-D-E)	Rs. 21342

Amount Payable by STAR Health to Hospital: Rs. 21342 (Indian Rupees Twenty One Thousand Three Hundred and Forty Two Only)

Doctor Authorisation Remarks: MAXIMUM ALREADY APPROVED.

Detailed Working Sheet for Deductions

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			Water Control of the

Star Health and Allied Insurance Co.Ltd.

Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai - 600014

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Website: www.starhealth.in | Toll Free Number: 1800-425-2255/1800-102-4477



S.No	Description	Claimed Amount	Expenses not covered as per policy Terms and Conditions against Hospital Bill	Proportionate deductions	Remarks
2	Room Rent(Inclusive of GST) & Nursing charges	2500	2500		as per 24 hr calculatio n only 2 days rent allowed. don't collect excess amount from patient.
3	Professional Fees (Surgeon, Anastheist, Consultation charges etc)	3600			
4	Investigation &	5712			fix,
5	Diagnostics Medicines and Consumables	10422	1021		disposab es deducted
6	Others	5700	5700		admin, rmo, infection deudcted
	Total	32934	9221		

Total = 32934.

Approval = 21342

11592

He spital Discont = 2371

9221

Star Health and Allied Insurance Co.Ltd.

5000

Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai - 600014

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