

INSURANCE



Mr. LAKSHMI SHANKAR

38/Male/MHM202406830

09/09/2024/1PM2024000804

Patient Name

Dr. VAISHNAVI GANESAN

IP No. _____



Room No. _____

113

LING CARD

MH/ PRINT / 0007 / BILL / FO

D.O.A. 09/09/24 Time 11.30 am

Rent Per Day

4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/9/24	12:40pm	ER	1 st Floor (113)	Rachal.

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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

9/9/24 ECG 2/6428
USG scan

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

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:

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

B.	Deductions against Hospital Bill (Refer Detailed Working Sheet)	Rs. 9221
C.	Admissible Hospital Bill	Rs. 23713
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. 2371
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 2371
F.	Amount 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			

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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 calculation only 2 days rent allowed. don't collect excess amount from patient.
3	Professional Fees (Surgeon, Anastheist, Consultation charges etc)	3600			
4	Investigation & Diagnostics	5712			
5	Medicines and Consumables	10422	1021		fix, disposables deducted
6	Others	5700	5700		admin, rmo, infection deudcted
	Total	32934	9221		

Total = 32934.

Approval = 21342

11592

Hospital Discount = 2371

9221

Advance = 5000

4221 to pay

Star Health and Allied Insurance Co.Ltd.

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