Ref: Dr. Shiva Kumar

INSURANCE

MM + CABG

Discharge on 21/9/24

MHI/DP/2022/104

BILLING CARD

Medway Hospitals® The way to better (A Unit of United Alliance Health...)

Medway Heart Institute

Patient Name: Mr.RANGARAJAN E S
66/Male/MHI202485760
12/09/2024/IP112024002142
Dr.RAJESH.V

IP No.

Room No.

D.O.A. 12/09/24 Time 03:20 pm

CCU - 2
Ward - 7

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
12/9/24	16:30	Admission	104A	Hayorra
16/9/24	7.30	Ist Floor (103)	CTOT	[signature]
16/9/24	12.40	CTOT	SICU	[signature] 36
17/9/24	12:20	SICU	SDICU	[signature] 0336
18/9/24	9.50	SDICU	104	[signature]

OPERATION THEATRE

Date : 16/9/24	OT No. : OT - II
Surgeon : Dr. Rajesh	Start Time : 8:30
I Asst. Surgeon : Dr.	End Time : 12.40
II Asst. Surgeon : PA: Devika / Hari	Dis. Pack : —
III Asst. Surgeon :	Diathermy : used
Anaesthetist : Dr. SYLVESTER	C-Arm : —
OT Nurse : Akshaya / Christy	Arthroscopy : —
Name of Surgery : OPCAB Coronary heart LCTA, manual saw drill used ETO Ra lead to be changed	Laproscopy : —
	~~Sevoflurane~~ / Isoflurane : 3 hours 10 mins
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	Others : —

4A

MONITOR / INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
16/9/24	12:45	18/9/24	10.00				

2

OXYGEN / SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
16/9/24	12:45	17/09/24	6:00	16/9/24	12:45	16/9/24	20:30
				16/9/24	12:45	16/9/24	23:30
				16/9/24	12:45	16/9/24	8:30

1   3

ALPHA BED / SCD PUMP / VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				16/9/24	12:45	16/9/24	21:45

0.5

Pkg 1,90,000 + Todays MM

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
12/9/24	CATH PACKAGE, APTT, HbA1C, THYROID PROFILE, LFT (17H0)
16/9/24	HB, PCV, PLATELET, MAGNESIUM (11H5)
17/9/24	HB, PCV, PLATELET, TC, DC, UREA, CREATINE, TOTAL BILIRUBIN, TOTAL PROALBUMIN, MAGNESIUM, CRP, CK-MB. (11982)
18/9/24	HB, urea, creatine, Na K+ (2052)
20/9/24	CBC, urea, creat, Na+, K+ (2997), (2193)

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

15/9/24	USG Abdomen (1781)	16/9/24	WARMER STARTED @ 12:50 ENDED @ 18:00
	Carotid doppler (1781)		
16/9/24	CXR AP BIS-1 (11945)		
17/8/24	CXR AP BIS-1. (11982)		
17/8/24	CXR AP BIS-1 (12012)		
18/8/24	CXR AP BIS-1 (2052)		
20/9/24	CXR PA, ECG, ECHO (2295)		

CBG

DATE	NUMBERS	DATE	NUMBERS
12/9/24	1 (1779)	16/9/24	1 (1950)(OT)
13/9/24	1+1 (1779)	17/9/24	1 (2130)
13/9/24	1 (2130)	18/9/24	1+1 (2130)
14/9/24	1+1+1 (2130)	19/9/24	1+1 (2130)
15/9/24	1+1+1 (2130)	18/9/24	1 (2052)
16/9/24	1+1 (2130)	19/9/24	1 (2218)
17/9/24	1 (11982)	20/9/24	1+1 (2218)
17/9/24	3 (12013)	20/9/24	1 (2260)
17/9/24	1 (12030)	21/9/24	1+1 (2280)

ABG

DATE	NUMBERS
16/9/24	1 (11945)
16/9/24	2 (1950)(OT)
16/9/24	2 (11942)
16/9/24	3 (11982)

ACT

DATE	NUMBERS
16/9/24	1 (11945)
16/9/24	1 (1950)(OT)

PHYSIOTHERAPY

Date	
16/9/24	21:45
17/9/24	6:00 / 10:15 / 16:00 / 21:00
18/9/24	6:00 / 9:50. / 15:45.
19/9/24	9:00 / 17:15.
20/9/24	10:30 / 18:00

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
16/9/24	1+1		
17/9/24	1+1+1+1		
18/9/24	1+1+1+1		
19/9/24	1+1+1+1		
20/9/24	1+1+1+1		
21/9/24	1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RAJESH	13/9/24	14/9/24	15/9/24	16/9/24	17/9/24	18/9/24	19/9/24
DR. VIJAY	15/9/24						
DR. SYLVESTER	15/9/24						
DR. Rajesh.	20/9/24	21/9/24					
Ms. Catherine (Dietician)	12/9/24	16/9/24	17/9/24	18/9/24	21/9/24		
Ms. Jeyalthai (Phy)	19/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 90857 / Sarath 21/9/2024 RETURNS CHECKED :	T – 4,80,000 Adv – 50,000

CROSS MATCHING :

RESERVATION PF BLOOD : 1 OPCV Reservation done

STERILE TRAY USED : ① CANNULATION TRAY USED on 16/9/24
SR TRAY ① no used on 17/9/24

TRANFUSION (BLOOD) : SR tray ① used

ATTENDER'S HOLDING :

OTHER PROCDURES : * FEMORAL ARTERIAL LINE INSERTION BY DR. SYLVESTER ON 16/9/24 @ 5.30 (SICU)

Admission Officer : Chequera. XL

Sister In-charge

Cashless - Final Approval

Date : 21-Sep-24
Time : 06:51 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 CORONARY ARTERY DISEASE:

Claim Intimation Number	:	CIR/2025/700002/0898422
Name of the Insured	:	Rangarajan Embar Seshadri
Age / Gender	:	66 years 8 months / Male
Product Name	:	Family Health Optima Insurance Plan
Policy Number	:	P/700002/01/2025/025526
Policy Period	:	22-Jun-24 to 21-Jun-25
Date of Admission	:	13-Sep-24
Date of Discharge	:	21-Sep-24
Name of the Hospital and Location	:	Medway Medical Centre - CHENNAI - 600024

We acknowledge receipt of the final bill amount - Rs.485160/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 379048/- on 21-Sep-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 110000
Final Hospital Bill	Rs. 485160
Admissible Hospital Bill	Rs. 408857
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 76303
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 379048
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. 485160

B.	Bill items not covered by Policy Conditions	Rs. 76303
C.	Admissible Hospital Bill	Rs. 408857
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. 29809
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 29809
F. **Amount Payable by STAR Health to Hospital** (C-D-E)		Rs. 379048

Amount Payable by STAR Health to Hospital: Rs. 379048 (Indian Rupees Three Lakh Seventy Nine Thousand Forty Eight Only)

Doctor Authorisation Remarks: MAXIMUM PAYABLE AFTER DEDUCTING NON-PAYABLES.

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	35000			