REP: Family friend

CABG

INSURANCE

Discharge on 27/9/24

MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthcare P...)

Medway Heart Institute
Where heart beat never stops...

Patient Name : Mr.SATHIYABALAJI S
43/Male/MHI202485784
19/09/2024/IP112024002199
Dr.RAJESH.V

D.O.A. 19/09/24 Time 10:07 A.M

IP No. _____

CCU-2
Ward-A

Room No. _____ TRANSFER DETAILS Rent Per Day TIS

Date	Time	From	To	Nurse's Signature
19/9/24	10.30	Admission	IInd. Floor (201	
20/9/24	10.20	IInd Floor	CT OT	
20/9/24	15.00	CT OT	SICU	
22/9/24	10.30	SICU	R.No:-207-B	

OPERATION THEATRE

Date	: 20-9-24.	OT No.	CTOT-T
Surgeon	: DR. RAJESH.	Start Time	: 11 Am.
I Asst. Surgeon	: Ms. DEVIKACA	End Time	: 15.00
II Asst. Surgeon	:	Dis. Pack	: -
III Asst. Surgeon	:	Diathermy	: used.
Anaesthetist	: DR. SYLVESTER	C-Arm	: -
OT Nurse	: Sasikumar / DEEPA.	Arthroscopy	: -
Name of Surgery	: OPCAB (closed)	Laproscopy	: -
Manman saw drill used. ETO things Rs-1000/- to be charged.		Sevoflurane / Isoflurane	: 3 hours
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
20/9/24.	15:05.	22/9/24.	10.30
22/9/24.			

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
20/9/24	15:05.	22/9/24	10.30
22/9/24	11.00	23/9/24	6.00

SYRINGE PUMP

Date	Start	Date	Disconnect
20/9/24	15:05.	21/9/24	2.00
20/9/24	15:05	21/9/24	11.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
20/9/24	15:05.	20/9/24	19.05

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
19/9/24	Urine Routine (2167)
	~~HB, UREA, CREATININE~~. (ERROR)
20/9/24	HB, PCV, PLATELET, MAGNESIUM (2241)
21/9/24	Hb, PCV, PLT, TC, DC, Urea, Creatinine, Magnesium, Albumin, Total bilirubin, CKMB, CPK total (12260)
22/9/24	Hb, urea, creatinine, Na+, K+ (12347)
	WBC (12359)
24/9/24	CBC, UREA, Cr+, Na+, K+ (2466)

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

20/9/24	CXR. AP. B/S (2241)		
21/9/24	CXR (A/P) B/S (12260)		
21/9/24	CXR (A/P) B/S (12315)		
22/9/24	CXR (A/P) B/S (12347)		
24/9/24	CXR PA, ECG, Echo (2407)		

CBG

DATE	NUMBERS	DATE	NUMBERS
19/9/24	1	20/9/2024	1 (2240)(OT)
20/9/24	1		
22/9/24	1 (12347)		

ABG

DATE	NUMBERS
20/9/24	2 (2240)(OT)
20/9/24	3 (2241)
20/9/24	1 (12348)
21/9/24	1 (12260)

ACT

DATE	NUMBERS
20/9/24	3 (2240)(OT)
20/9/24	1 (2241)

PHYSIOTHERAPY

Date	
20/9/24	15.15 / 18.30
21/9/24	6:00 / 9:10 / 16.00 / 21.00
22/9/24	6:00 / 9:35 / 15:20
23/9/24	10:00 / 16:30
24/9/24	11:30 / 10:20

NEBULIZER

Neb: Levolin Neb: Budelcort Neb: Budecort

DATE	NUMBERS	DATE	NUMBERS
20/9/24	1+1	21/9/24	1+1
21/9/24	2+2+2	22/9/24	1+1+1+1
22/9/24	2+2+1	23/9/24	1+ (stop)
23/9/24	1+1+1+1		
24/9/24	1+1+1+1		
25/9/24	1+1		

OTHERS

Neb. Levo

DATE	NUMBERS	DATE	NUMBERS
23/9/24	1+		
24/9/24	1+1		
25/9/24	1+0		

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RAJESH	19/9/24	20/9/24	21/9/24	22/9/24	23/9/24	24/9/24	25/9/24
DR. SYLVESTER	19/9/24						
DR. KRISHNAVENI	23/9/24						
Mrs. Catherine (Dietition)	19/9/24	20/9/24	21/9/24	23/9/24	25/9/24		
Ms. Sevathal (Psy)	23/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	T - 3,50,000
BILL CLEARED : 90203 / Accs Oiks	Ad - 1,00,000
RETURNS CHECKED : 25/9/24.	

CROSS MATCHING :

RESERVATION PF BLOOD : 1 ① pcv reservation Done [19/9/24]

STERILE TRAY USED : SR TRAY ① no med in SW on 21/9/24

TRANFUSION (BLOOD) SR tray ① used

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Rehna banu	Sister In-charge

Cashless - Final Approval

Date : 25-Sep-24
Time : 04:17 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/2025/111217/0898578
Name of the Insured	:	S. SATHIYA BALAJI
Age / Gender	:	43 years 7 months / Male
Product Name	:	Family Health Optima Insurance Plan
Policy Number	:	11220011870405
Policy Period	:	23-Jan-24 to 22-Jan-25
Date of Admission	:	19-Sep-24
Date of Discharge	:	25-Sep-24
Name of the Hospital and Location	:	Medway Medical Centre - CHENNAI - 600024

We acknowledge receipt of the final bill amount - Rs.363240/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 256498/- on 25-Sep-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 100000
Final Hospital Bill	Rs. 363240
Admissible Hospital Bill	Rs. 276481
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 86759
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 256498
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. 363240

B.	Bill items not covered by Policy Conditions	Rs. 86759
C.	Admissible Hospital Bill	Rs. 276481
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. 19983
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 19983
F. **Amount Payable by STAR Health to Hospital** (C-D-E)		Rs. 256498

Amount Payable by STAR Health to Hospital: Rs. 256498 (Indian Rupees Two Lakh Fifty Six Thousand Four Hundred and Ninety Eight Only)

Doctor Authorisation Remarks: FA

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	14000			