INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mrs.ANBUSELVI K
35/Female/MHM202406919
13/09/2024 IPM2024000822

IP No. _____ Dr.SIVAKUMAR D.K.

Room No. ___

D.O.A. 13/9/24 Time 10.00pm

Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/9/24	11.10pm	ER	3rd Floor (306)	Sini Kaur

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
14/9/24	CBC, [MP BY QBC], ~~LFT~~, ~~Widal~~, ~~Smear~~ for MP (6554) (6542) Dengue NS1, elisa, Dengue IgM (6552) elisa
15/9/24	~~CBC~~ (6567)
15/9/24.	~~Urine complete~~ (6571) Blood gls, ~~Urine gls~~ (6573) IgM (6574)

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

CBG

13/9/24	1/(65+3)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Siva Kumar	23/9/24	14/9/24	14/9/24	15/9/24	16/9/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Sale: Rs. 3214/-	NIL
BILL CLEARED : (Credit)	
RETURNS CHECKED : Time: 3.50pm. 17/9/24	

Other Procedures : (specify) :-

Diet =

OT instruments =

EEG / NCS =

Endoscopy / colonoscopy =

Admission Officer :

Sister In-charge

STAR Health Insurance
The Health Insurance Specialist

Cashless - Final Approval

Date : 17-Sep-24
Time : 04:13 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 ACUTE FEBRILE ILLNESS:

Claim Intimation Number	:	CIR/2025/111111/0899812
Name of the Insured	:	K ANBUSELVI
Age / Gender	:	36 years / Female
Product Name	:	Star Comprehensive Insurance Policy
Policy Number	:	11230202591803
Policy Period	:	31-Oct-23 to 30-Oct-24
Date of Admission	:	13-Sep-24
Date of Discharge	:	17-Sep-24
Name of the Hospital and Location	:	MEDWAY HOSPITAL - CHENNAI - 600037

We acknowledge receipt of the final bill amount - Rs.32784/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 20764/- on 17-Sep-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 0
Final Hospital Bill	Rs. 32784
Admissible Hospital Bill	Rs. 23071
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 9713
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 20764
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. 32784

B.	Bill items not covered by Policy Conditions	Rs. 9713
C.	Admissible Hospital Bill	Rs. 23071
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. 2307
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 2307
F. **Amount Payable by STAR Health to Hospital** (C-D-E)		Rs. 20764

Amount Payable by STAR Health to Hospital: Rs. 20764 (Indian Rupees Twenty Thousand Seven Hundred and Sixty Four Only)

Doctor Authorisation Remarks: MAX PAID

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	10000			

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)	7200	4000		DMO,
3	Investigation & Diagnostics	8776	2400		Maximum Allowed Towards dengue charges as per NABL accredited LABS.
4	Medicines and Consumables	4108	613		SET DISPOSABLES CHARGES
5	Others	2700	2700		ADMINISTRTION, DISINFEICTION CHARGES
	Total	32784	9713		

Total = 32784.

Approval = 20764

12020

Hospital Discount = 2307

9713

Advance = 5000

4713 To pay.