Ref Dr Kailash Jain

INSURANCE

Discharge on 23/9/24

MHMDP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mr.DEEPAK KUMAR JAIN
45/Male/MHI202485800
14/09/2024/IP1I2024002157
Dr.KAILASH A JAIN

Patient Name _____ D.O.A. 14/9/24 Time 01:56 AM

IP No. _____ CCU - 3.5 Ward - 6.5

Room No. _____ Rent Per Day CCU

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
14/9/24	1:56	ADM	CCU	
14/9/24	11:55	CCU	Cathlab.	
14/9/24	13:10	CATHLAB	CCU	
14/9/24	21:15	CCU	IInd Floor 209	
18/9/24	11:50	IInd Floor 209	CT - 07	
18/9/24	11:20	SICU	SDICU	
19/9/24	14:00	SDICU	SUARD 110	

OPERATION THEATRE

Date	: 14/09/24	OT No.	: CATHLAB - II
Surgeon	: Dr. Gnanavelu.G	Start Time	: 12:35
I Asst. Surgeon	:	End Time	: 13:05
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Sandhiya	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	: SHRI
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
14/9/24	1.56am	14/9/24	21.15
17/9/24	18:50	19/9/24	14:00

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
17/9/24	18:50	18/9/24	6:00
17/9/24	18:50	19/9/24	06-00
21/9/24	14:30	22/9/24	7:00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
17/9/24	18:50	17/9/24	23.40

OPERATION THEATRE

Date	: 17/09/2024.	OT. No.	: CTOT-II
Surgeon	: DR. KAILASH. A JAIN	Start Time	: 12:05
I Asst. Surgeon	: DR. GHAYOOR AHMED.	End Time	: 18:40
II Asst. Surgeon	PA: SARITHA	Dis. Pack	: –
III Asst. Surgeon	: –	Diathermy	: USED
Anaesthetist	: DR. SHAPNA.	C-Arm	: –
OT Nurse	: ATCHAYA	Arthroscopy	: –
Name of Surgery	: OPCAB (CLOSED HEART)	Laproscopy	: –
MANMAN SAW USED		Sevoflurane / Isoflurane	: –
ETOTHINGS ₹10000 TO BE CHARGED		Inj. Fentanyl	: –
		Others	: –

Date	LABORATORY
14/9/24	CATH Package, RAT (1830)
15/9/24	Hb, TC, RBS (1897)
16/9/24.	LFT / HBA1c, TSH, lipid profile, uric acid
	cold Agglutinin, APTT. (1952) BT (1952)
17/9/24	urine c/s (2029) 11:20 2nd (R. 4:20)
18/9/24	RFT CBC, urea, creatinine (2058)
21/9/24	CBC, urea, creat, INR! KT (2270)
21/9/24	Sr. Ketone (2317)

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

14/9/24	ECHO - 1 (1830)		
15/9/24	ECG (937)		
17/9/24	CXR AP BIS - (1) (12046)		
17/9/24	ECHO - (1) (12046)		
18/9/24	ECHO - (1) (12058)		
18/9/24	X RAY BIS - (1) (12096)		
20/9/24	CXray, ECG, ECHO (2271)		

CBG

DATE	NUMBERS	DATE	NUMBERS
14/9/24	1 (1830)	19/9/24	1 (12118)
14/9/24	2 (1889)	19/9/24	1+1 (2397)
15/9/24	1+1+1 (937)	20/9/24	1+1+1 (2397)
~~15/9/24~~	1	21/9/24	1+1+1+1+1 (2271)
16/9/24	1+1 (937)	22/9/24	1+1+1+1+1 (2397)
16/9/24	1+1 (2397)	23/9/24	1+1 (2397)
17/9/24	1+1 (2397)		
17/9/24	1 (12058)		
18/9/24	3 (12091)		

ABG

DATE	NUMBERS
17/9/24	2 (12046)
17/9/24	1 (12058)
18/9/24	2 (12058)
18/9/24	1 (12096)
19/9/24	2 (12118)
18/9/24	2 (2094)

ACT

DATE	NUMBERS
18/9/24	3 (2094)

PHYSIOTHERAPY

Date	
17/9/24	22:40
18/9/24	6:00 / 9:20 / 16:00 / 21:00
19/9/24	6:00 / 8:20 / 20:00
20/9/24	10:30 / 18:15
21/9/24	10:15 / 5:00
22/9/24	4:15 / 10:15

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
17/9/24	1+1+1		
18/9/24	1+1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Surendar.	14/9/24						
DR. KAILASH JAIN	14/9/24	15/9/24	16/9/24	17/9/24			
DR. GNANAVELU	14/9/24						
DR. Shapna. varma Anees		16/9/24					
Dr. Kailash Jain	18/9/24	19/9/24	20/9/24	21/9/24	22/9/24	23/9/24	—
Ms. catherine (Dietitian) (6)	14/9/24	17/9/24	18/9/24	19/9/24	22/9/24	23/9/24	

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 127718 ON88 RETURNS CHECKED : 23/9/24.	5,80,861

CROSS MATCHING :

RESERVATION PF BLOOD : (2) PCV RESERVATION DONE

STERILE TRAY USED : CANNULATION TRAY (1) used in SICU on 18/9/24 OP88
SR Tray (1) used,

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : R. Nitheshwaran	Sister In-charge

Cashless - Final Approval

Date : 23-Sep-24
Time : 06:09 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/2025/111120/0900730
Name of the Insured	:	DEEPAK KUMAR JAIN
Age / Gender	:	45 years 11 months / Male
Product Name	:	Family Health Optima Insurance Plan
Policy Number	:	11220006433203
Policy Period	:	20-Dec-23 to 19-Dec-24
Date of Admission	:	17-Sep-24
Date of Discharge	:	23-Sep-24
Name of the Hospital and Location	:	Medway Medical Centre - CHENNAI - 600024

We acknowledge receipt of the final bill amount - Rs.595413/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 456966/- on 23-Sep-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 100000
Final Hospital Bill	Rs. 595413
Admissible Hospital Bill	Rs. 494961
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 100452
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 456966
Amount Payable by Insured to Hospital from Admissible Hospital Bill (Refer Section D for details)	Rs. 3600

Detailed Breakdown

Section	Description	Amount
A.	Final Hospital Bill	Rs. 595413

B.	Bill items not covered by Policy Conditions	Rs. 100452
C.	Admissible Hospital Bill	Rs. 494961
D.	**Amount Payable by Insured to Hospital from Admissible Hospital Bill**	
1.	Non-payables as shown in the statement	Rs. 3600
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		Rs. 3600
E.	**Miscellaneous**	
1.	Network Hospital discount	Rs. 34395
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 34395
F. **Amount Payable by STAR Health to Hospital** (C-D-E)		Rs. 456966

Amount Payable by STAR Health to Hospital: Rs. 456966 (Indian Rupees Four Lakh Fifty Six Thousand Nine Hundred and Sixty Six Only)

Doctor Authorisation Remarks: Maximum 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	32500			