Ref. Dr Bhasha. INSURANCE / Self INDOOR Eps + RFA Discharge on 05/

MHI/DP/2022/104

BILLING CARD

Medway Hospitals® The way to better t (A Unit of United Alliance Healthca

SAFETY FIRST

Medway Heart Institute Where heart beat never stops...

Patient Name: Mrs.DEEBALAKSHMI S 43/Female/MHI202485869 03/10/2024/IP112024002337

IP No. _____ Dr.K.JAISHANKAR

Room No. ___

D.O.A. 03/10/2024 Time 07:06pm

111 CCU – 0.5 Ward – 1.5

TRANSFER DETAILS Rent Per Day _____

Date	Time	From	To	Nurse's Signature
3/10/24	19:40	Admission	III	Hayavan
4/10/24	8:00	1st Floor (III)	Cath Lab	Jeyanth.
4/10/24	11.00	Cath Lab	CCU	
4/10/24	17.00	CCU	1st floor (III)	Prem.

OPERATION THEATRE

Date	: 4/10/24	OT No.	: Cath Lab-II
Surgeon	: Dr. Jaishankar	Start Time	: 9.00
I Asst. Surgeon	:	End Time	: 19.25
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RLN. Pancharatnam	Arthroscopy	:
Name of Surgery	: EPS+RFA 3D	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
4/10/24	11.00	4/10/24	17.00.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

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

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
4/10/24	ECG 1 (3097)		

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
3/10/24	1 (3097)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jaishankar	4/10/24	05/10/24					
Ms. Catherine (Dietician)	4/10/24	5/10/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 18553 / 4000 0.00 RETURNS CHECKED : 5/10/24.	T- 3,16,127/- Adv - 1,00,000 1KT

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Theguvera.XC	Sister In-charge

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

FINAL BILL

Name : MRS.DEEPALAKSHMI S	**IP Number : IPH2024002337**
Age / Sex : 43 Years / FEMALE	**D.O.A. : 03/10/2024 AT 18:34**
Doctor Name : Dr JAISHANKAR	**D.O.D. : 05/10/2024 AT 18:00**
INSURANCE / TPA : STAR	**CLAIM NO. : CIR/2025/111127/0977838**

ADMINISTRATION CHARGES	1500.00
SINGLE ROOM CHARGES (5000 X 1 DAY)	5000.00
CCU BED CHARGES (7000 X 1 DAY)	7000.00
INTENSIVIST PROFESSIONAL CHARGES	5000.00
DUTY MEDICAL OFFICER	1000.00
CBG 1	190.00
ECG 1	480.00
STERILIZATION AND DISINFECTANT CHARGES	2500.00
MONITOR CHARGE	4000.00
CATH LAB CHARGE (EP + RFA 3 D)	70000.00
IMPLANT CHARGES	85904.00
DRUGS	18553.00
NUTRITIONAL ASSESSMENT CHARGES	1000.00
DIET CHARGES	1500.00
(PROFESSIONAL TEAM FEES) :-	
DR JAISHANKAR	90000.00
DR KARTHICK	22500.00

TOTAL SERVICE AMOUNT	**316127.00**
APPROVAL AMOUNT	**248446.00**
CO PAY	**0.00**
DISCOUNT	**18700.00**
PATIENT PAID	**48981.00**

INSURANCE CO ORDINATOR
UNITED ALIIANCE HEALTH CARE PVT LTD

Cashless - Final Approval

Date : 05-Oct-24
Time : 04:40 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 SVT:

Claim Intimation Number	:	CIR/2025/111127/0977838
Name of the Insured	:	DEEBALAKSHMI S SAMPATHKUMAR
Age / Gender	:	43 years 11 months / Female
Product Name	:	Star Comprehensive Insurance Policy
Policy Number	:	11220023853102
Policy Period	:	28-Mar-24 to 27-Mar-25
Date of Admission	:	29-Sep-24
Date of Discharge	:	05-Oct-24
Name of the Hospital and Location	:	Medway Medical Centre - CHENNAI - 600024

We acknowledge receipt of the final bill amount - Rs.316127/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 248446/- on 05-Oct-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 100000
Final Hospital Bill	Rs. 316127
Admissible Hospital Bill	Rs. 267146
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 48981
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 248446
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. 316127

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM,
KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
05/10/2024	AUC/WS668 1/1
Terms: WHOLE SALES	Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ	DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1		STJM - EN0020-P ENSITE PRECISION NAVX PATCH	1	90189099	10215508	07/25	1	0	12 %	9204.00	76700.00	85904.00	76700.00

ITEMS : 1 QTY : 1 BASE : 76700.00 SGST : 4602.00 CGST : 4602.00 GST : 9204.00 Goods Value: 76700.00

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
12 %	76700.00	4602.00	4602.00	85904.00		CR	
						CD 0.00	0.00
					Rounded Net Amount		85904.00

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Eighty Five Thousand Nine Hundred Four Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-DEEBALAKSHMI-IP-2024002337-DR.JAISHANKAR
Customer Outstanding: **127453825.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY