BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mr.HARIKRISHNAN K G
58/Male/MHM202407024
18/09/2024/IPM2024000839
Dr.VAISHNAVI GANESAN

Patient Name _____ D.O.A. 18/09/24 Time 4.00pm

IP No. _____

Room No. 309 Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
18/9/24	5.30pm	ER	IIIrd Floor 309	R. Pushpini Sis
18/9/24	7pm	IIIrd Floor 309	ICU	R. Pushpini Sis

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
18/9/24	7pm	19/9/24	10Am

INFUSION PUMP (2 C.D)

Date	Start	Date	Disconnect
19/9/24	9Am.	19/9/24	6.15pm.
	Vasopressin		
19/9/24	10.30am	20/9/24	10Am

OXYGEN

Date	Start	Date	Disconnect
18/9/24	7pm	19/9/24	1.30Am.

SYRINGE PUMP (Noradrenaline)

Date	Start	Date	Disconnect
19/9/24	8Am.	20/9/24	10Am.
	Bicarb		
19/9/24	12pm	19/9/24	8.30pm

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect
19/9/24	3pm	20/9/24	10Am

VENTILATOR

Date	Start	Date	Disconnect
19/9/24	1.30Am.	(NIV)	8.30am 19/9/24
19/9/24	8.30Am.	(Ventilator)	20/9/24 10Am

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
18/9	CBC, CRP, RPT, LFT, HbA1c [6615]
	ABG [6618], PCT, INT PTH BNP, TROP I Quantitative [6619]
	RS (6623)
	Urine C/S. (6622)
	Blood C/S. (6622) ABG (6624)
19/9/24	ABG (6631) CBC, RFT (6628)
	TFT (6629) Lipid profile (6630)
19/9/24	Urine Routine (6636)
	CBC, serology card [6641]
	ABG [6645]
19/9/24	Blood grouping typing, PT APTT (6655)
19/9/24	Bronchial wash C/S, Bronchial wash for cytology, Gram stain,
	Fungal C/S, Fungal Smear, Genexpert MTB/RIF (6654)

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

18/9/24	X-ray (6616)		
	ECG (6617)		
	ECG (6625)	Echo done by Dr (Salai sudhan) (6643.)	
19/9/24	Chest x-ray (6635)		
19/9/24	Chest x-ray - 6642		
20/9/24	ECG (6675)		

CBG

18/9/24	CBG (3) (6626.)						
19/9/24	CBG (2) (6638)						
19/9/24	CBG 2 (6644)						
20/9/24	CBG (1) 6674						

CBG

4 (6658) + 5 (6665)			

Date	PHYSIOTHERAPY
19/9/24	DIALYSIS CHARGES + KIT CHARGES SLED — 5HRS

NEBULIZER

18/9/24	(2) +2		(8)
19/9/24	(2) +2		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Elakiya (Pulmo)	18/9/24	19/9/24					
DR. VAISHNAVI	18/9/24	19/8/24					
Dr. Salaisedhan (Cardio)	18/9/24						
Dr. Sanjeev (Nephro)	19/8/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Sale: Rs. 567445/-	—
BILL CLEARED : (Credit Ins)	
RETURNS CHECKED : Time: 11.44 Am. 3167 20/9/24.	

Other Procedures : (specify) :-

Dialysis done

Foley's catheterization done in ICU on 19/9/24 @ 8pm.

Patient ~~Intubated~~ Intubated on 19/9/24 @ 8pm.

Arterial line inserted by DR. Anil on 19/9/24

Central line inserted by DR. Anil on 19/9/24

Dialysis catheterization done in ICU by Dr. Anil on 19/9/24

Bronchoscopy - 12,000/- done by Dr. Elakiya on 19/9/24.

EEG / NCS	
Endoscopy	
Colonoscopy	
OT Instrument	
Diet	

Admission Officer :

Sister In-charge

STAR Health Insurance
The Health Insurance Specialist

Cashless - Final Approval

Date : 20-Sep-24
Time : 01:26 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 SEPTIC SHOCK:

Claim Intimation Number	:	CIR/2025/181132/0930728
Name of the Insured	:	HARI KRISHNAN.K.G
Age / Gender	:	58 years 4 months / Male
Product Name	:	Medi Classic Insurance Policy (Individual)
Policy Number	:	11240458854412
Policy Period	:	17-Oct-23 to 16-Oct-24
Date of Admission	:	18-Sep-24
Date of Discharge	:	20-Sep-24
Name of the Hospital and Location	:	MEDWAY HOSPITAL - CHENNAI - 600037

We acknowledge receipt of the final bill amount - Rs.172456/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 88950/- on 20-Sep-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 10000
Final Hospital Bill	Rs. 172456
Admissible Hospital Bill	Rs. 88950
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 83506
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 88950
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. 172456

B.	Bill items not covered by Policy Conditions	Rs. 83506
C.	Admissible Hospital Bill	Rs. 88950
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	
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		
F.	**Amount Payable by STAR Health to Hospital** (C-D-E)	Rs. 88950

Amount Payable by STAR Health to Hospital: Rs. 88950 (Indian Rupees Eighty Eight Thousand Nine Hundred and Fifty Only)

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	b) Composite Package	172456	83506		BALANCE SUM INSURED EXHASTE

S.No	Description	Claimed Amount	Expenses not covered as per policy Terms and Conditions against Hospital Bill	Proportionate deductions	Remarks
					D
	Total	172456	83506		

TOTAL BILL = 172456

APPROVED = 88950

83506

5000

78506