INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mr.GANESH K
45/Male/MHM202407135
23/09/2024/IPM2024000863
Dr.VAISHNAVI GANESAN

D.O.A. 23/9/24 Time 8:30pm

IP No. _____

Room No. _____

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
23/9/24	8.30pm	ER	Third floor (309)	M. Ganesh 23/9
23/9/24	11 PM	3rd floor	1st floor ICU	Asha/23/9/24

OPERATION THEATRE

Date :
Surgeon :
Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist :
OT Nurse :
Name of Surgery :

OT No. :
Start Time :
End Time :
Dis. Pack :
Diathermy :
C-Arm :
Arthroscopy :
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
23/9/24	CBC, ~~RFT~~, ~~LFT~~, ~~CRP~~, S. ~~Amylase~~, ~~Lipase~~, (6760)
	~~Chem~~ RIE (6763)
~~24/9/24~~	~~Stool R/E~~, Stool ~~occult~~ Blood (6799)
~~25/9/24~~	~~platelets~~ (6808)
25/9/24	peripheral ~~smear~~ (6830)
26/9/24	~~Platlet~~ (6850)

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

23/9/24	ECG (6761)		
	Chest X-ray (6761)		
24/9/24	USG (6814)		
24/9/24	CECT Abdomen done Gemini Scan. ( )		
	Endoscopy		

CBG

23/9/24	1 (6761)	+1	(6772)
24/9/24	1 (6772)	+1	(6809)
25/9/24	2 (6851)	+1	(6851)
26/9/24	1 (6851)	+1	( )

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi Ganesan	23/9/24	24/9/24	25/9/24	26/9/24			
DR. Pradeep Kumar (Doctor)	23/9/24						
dr. Aravelh	24/9/24	25/9/24	26/9/24				

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total Bill Amt. Rs. 7194.00	NIL
BILL CLEARED	:	
RETURNS CHECKED	: 2243 Sep 28 5.5 pm Ins	

Other Procedures : (specify) :-

OT Instruments

Diet

✓ Endoscopy on 25/09/24 at 6:30 pm

Colonoscopy at Em

Admission Officer

Sister In-charge

Cashless - Final Approval

Date : 26-Sep-24
Time : 09:58 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 PANCREATITIS:

Claim Intimation Number	:	CIR/2025/110000/0962452
Name of the Insured	:	GANESH K
Age / Gender	:	44 years 8 months / Male
Product Name	:	Star Comprehensive Insurance Policy
Policy Number	:	11220024055603
Policy Period	:	29-Mar-24 to 28-Mar-25
Date of Admission	:	23-Sep-24
Date of Discharge	:	26-Sep-24
Name of the Hospital and Location	:	MEDWAY HOSPITAL - CHENNAI - 600037

We acknowledge receipt of the final bill amount - Rs.43626/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 26604/- on 26-Sep-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 10000
Final Hospital Bill	Rs. 43626
Admissible Hospital Bill	Rs. 29560
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 14066
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 26604
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. 43626

B.	Bill items not covered by Policy Conditions	Rs. 14066
C.	Admissible Hospital Bill	Rs. 29560
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. 2956
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 2956
F. **Amount Payable by STAR Health to Hospital** (C-D-E)		Rs. 26604

Amount Payable by STAR Health to Hospital: Rs. 26604 (Indian Rupees Twenty Six Thousand Six Hundred and Four 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	7500			

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)	6400	4000		As per submitted MINI SOC rates visit charges max allowed - Do not collect excess amount from insured.
3	Investigation & Diagnostics	15706	540		glucose
4	Medicines and Consumables	8320	3826		non medical items disposables deducted
5	Others	5700	5700		dmo, administration, disinfection
	Total	**43626**	**14066**		

TOTAL BILL = 43626

APPROVED = 26604

17022

DISCOUNT 2956

14066

5000

9066

6269