

Ref: Dr. Kailash A Jain

Discharge on 9/10/24
INSURANCE

CAY

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Mr. KANTILAL C SANGHVI

IP No.

71/Male/MHI202486021

Room No.

09/10/2024: IPH2024002393

Dr. KAILASH A JAIN

Dr. K. JAISHANKAR

D.O.A. 09/10/24 Time 11:36 AM

Card Case

TRANSFER DETAILS

Rent Per Day

1000 (Ru)

Date	Time	From	To	Nurse's Signature
9/10/24	11:50	ADMISSION	PL	Done
09/10/24	12:50	PL	CATH LAB	done
09/10/24	14:10	CATH LAB	1st Floor	Good

OPERATION THEATRE

Date	: 09/10/24	OT No.	: CATH LAB-I
Surgeon	: Dr. Jaishankar K	Start Time	: 13:35
I Asst. Surgeon	:	End Time	: 13:50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Bavadherani	Arthroscopy	:
Name of Surgery	: CAY	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphine	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

Revision of Pre-Authorisation Amount

Date : 09-Oct-24

Time : 05:39 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 CAD:

Claim Intimation Number	:	CIR/2025/111117/1045653
Name of the Insured	:	KANTILAL.C.SANGHVI
Age / Gender	:	71 years 6 months / Male
Product Name	:	Senior Citizens Red Carpet Health Insurance
Policy Number	:	11230198139403
Policy Period	:	09-Nov-23 to 08-Nov-24
Date of Admission	:	09-Oct-24
Name of the Hospital and Location	:	Medway Medical Centre - CHENNAI - 600024

We acknowledge receipt of the bill amount - Rs.20000/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 10220/- on 09-Oct-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 7000
Final Hospital Bill	Rs. 20000
Admissible Hospital Bill	Rs. 20000
Bill items not covered as per Policy Conditions (Refer Working Sheet)	
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 10220
Amount Payable by Insured to Hospital from Admissible Hospital Bill (Refer Section D for details)	Rs. 8380

Detailed Breakdown

Section	Description	Amount
A.	Final Hospital Bill	Rs. 20000

Star Health and Allied Insurance Co.Ltd.

Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai - 600014

Customer Care Number - 044 6900 6900 | Corporate Customers - 044 43664666 | Chat - +91 9597652225

IRDAI Registration No: 129 | CIN: L66010TN2005PLC056649 | Ph: 044-28288800 | Email: info@starhealth.in

Website: www.starhealth.in | Toll Free Number: 1800-425-2255/1800-102-4477

B.	Bill items not covered by Policy Conditions	
C.	Admissible Hospital Bill	Rs. 20000
D.	Amount Payable by Insured to Hospital from Admissible Hospital Bill	
1.	Non-payables as shown in the statement	Rs. 4000
2.	Co-Pay as per policy conditions	Rs. 4380
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. 8380
E.	Miscellaneous	
1.	Network Hospital discount	Rs. 1400
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 1400
F.	Amount Payable by STAR Health to Hospital (C-D-E)	Rs. 10220

Amount Payable by STAR Health to Hospital: Rs. 10220 (Indian Rupees Ten Thousand Two Hundred and Twenty Only)

Doctor Authorisation Remarks: Max payables 30 % co-pay

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	20000		4000	max payable

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