INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Santhanagopalaan R

D.O.A. 26.09.24 Time 9.45am

IP No. IPM2024000876

Rent Per Day 2500/-

Room No. 303

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
26/9/24	11.15AM	3rd Floor (303)	III Floor.	S/d 1a' 3/24
26/9/24	2pm	OT	OT	M. Devi/2pm.
26/9/24	4.15PM		3rd Floor	Shyji 3169.

OPERATION THEATRE

Date : 26/9/2024

Surgeon : DR. ARAVIND

I Asst. Surgeon :

II Asst. Surgeon :

III Asst. Surgeon :

Anaesthetist : DR. SENTHIL KUMAR

OT Nurse : JAISON

Name of Surgery : BILATERAL LAPROSCOPIC INGUINAL HERNIOPLASTY.

OT No. : OT - I

Start Time : 2.30 PM

End Time : 4'00 PM

Dis. Pack :

Diathermy : USED.

C-Arm :

Arthroscopy :

Laproscopy : USED MEDWAY. 60A USED.

Sevoflurane / Isoflurane :

Inj. Fentanyl : 2 ML USED

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	Disconnec

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
26/09/24	CBC, RFT, LFT, PT, INR, BT, CT (BSS)
	Viral Serology (Card) (BSS)

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

26/9/24	ECHO (6856)		
26/9/24	ECG (6856)		
26/9/24	X-ray Chest (6858)		

CBG

26/9/24	(1) (6857)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	D
Dr. Sivashanmuganathan Cardiol	26/9/24						
Dr. Vaishnavi	26/9/24						
Dr. Aravind	26/9/24						

PHARMACY

OT DRUGS REPLACED : Total Bill Amt. Rs. 350026.00

BILL CLEARED :

RETURNS CHECKED : 28 Sep 24

AMBULANCE

Other Procedures : (specify) :-

LEFT INGUINAL HERNIA CLOSURE

1. CATHETERIZATION PROCEDURE DONE OT AT 2.30 PM. ON 26/9/2024

CBD Removed on 27/9/24 at 11 AM

Admission Officer :

Sister In-charge

Cashless - Final Approval

Date : 27-Sep-24
Time : 05:36 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 INGUINAL HERNIA:

Claim Intimation Number	:	CIR/2025/111100/0968016
Name of the Insured	:	R.SANTHANA GOPALAN
Age / Gender	:	82 years 8 months / Male
Product Name	:	Senior Citizens Red Carpet Health Insurance
Policy Number	:	11230039309815
Policy Period	:	25-May-24 to 24-May-25
Date of Admission	:	26-Sep-24
Date of Discharge	:	28-Sep-24
Name of the Hospital and Location	:	MEDWAY HOSPITAL - CHENNAI - 600037

We acknowledge receipt of the final bill amount - Rs.72000/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 50400/- on 27-Sep-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 50000
Final Hospital Bill	Rs. 72000
Admissible Hospital Bill	Rs. 72000
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. 50400
Amount Payable by Insured to Hospital from Admissible Hospital Bill (Refer Section D for details)	Rs. 21600

Detailed Breakdown

Section	Description	Amount
A.	Final Hospital Bill	Rs. 72000

B.	Bill items not covered by Policy Conditions	
C.	Admissible Hospital Bill	Rs. 72000
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	Rs. 21600
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. 21600
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. 50400

Amount Payable by STAR Health to Hospital: Rs. 50400 (Indian Rupees Fifty Thousand Four Hundred 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	a) ANH Package	72000			
	Total	**72000**			