INSURANCE PTCA

Discharge on 7/10/24 MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better h
(A Unit of United Alliance Healthcar

Mr.PRAMOD JAIN H
47/Male/MHI02486034
03/10/2024 1P1I2024002325
Dr.KAILASH A JAIN

Medway Heart Institute
Where heart beat never stops...

Patient Name _____

IP No. _____

Room No. ___ CCU — 1 Ward — 1

D.O.A. 3/10/24 Time 9.25AM

TRANSFER DETAILS Rent Per Day 111

Date	Time	From	To	Nurse's Signature
3/10/24.	9.50	Admission	IST FLOOR	
3/10/24	11.00.	IST floor (W)	cath lab.	
3/10/24	12.35	Cath lab.	CCU	
4/10/24	10.30	CCU.	1st floor (101)	

OPERATION THEATRE

Date	: 3/10/24	OT No.	: Cath lab-II
Surgeon	: Dr. Jaichankal	Start Time	: 11.15
I Asst. Surgeon	:	End Time	: 12.15
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN. Panchavarnam	Arthroscopy	:
Name of Surgery	: PTCA + IVUS	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
3/10/24	12.40	4/10/24	10:30

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
4/10/24.	CBC, RFT (13038)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
3/10/24	1 ECG [13024]		
4/10/24	ECG - 1 (13038)		

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
3/10/24	1 (3056)						
3/10/24	2 [13024]						
4/10/24	1 (13038)						
4/10/24	1 (3056)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. JAISHANKAR	3/10/24	4/10/24					
Dr. Kailash Jain	3/10/24	4/10/24					
Mrs. Catherine (Dietitian)	3/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	T – 1,20,000
BILL CLEARED : 30430 / 4000 0.188	Adv – Nil
RETURNS CHECKED : 4/10/24	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Murthi	Sister In-charge

Cashless - Final Approval

Date : 04-Oct-24
Time : 06:17 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 AWMI:

Claim Intimation Number	:	CIR/2025/111114/1000169
Name of the Insured	:	H PRAMOD JAIN
Age / Gender	:	47 years 1 months / Male
Product Name	:	Family Health Optima Insurance Plan
Policy Number	:	11230037680603
Policy Period	:	18-May-24 to 17-May-25
Date of Admission	:	03-Oct-24
Date of Discharge	:	04-Oct-24
Name of the Hospital and Location	:	Medway Medical Centre - CHENNAI - 600024

We acknowledge receipt of the final bill amount - Rs.420194/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 373578/- on 04-Oct-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 200000
Final Hospital Bill	Rs. 420194
Admissible Hospital Bill	Rs. 401696
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 18498
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 373578
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. 420194

B.	Bill items not covered by Policy Conditions	Rs. 18498
C.	Admissible Hospital Bill	Rs. 401696
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. 28118
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 28118
F. **Amount Payable by STAR Health to Hospital** (C-D-E)		Rs. 373578

Amount Payable by STAR Health to Hospital: Rs. 373578 (Indian Rupees Three Lakh Seventy Three Thousand Five Hundred and Seventy Eight Only)

Doctor Authorisation Remarks: Maximum paid

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	5000			