NAME ALERT 'Two Patients With Same Name'

INSURANCE

Discharge on 8/10/24 CABG 35810

MHI/DP/2022/104

# BILLING CARD

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

Medway Heart Institute
Where heart beat never stops...

Mr.ASHOK KUMAR TAHLANI
69/Male/MHI202486063
02/10/2024/IP1I2024002318
Dr.KAILASH A JAIN

Patient Name _____

IP No. _____

Room No. _____

CCU - 2.5
ward - 5

D.O.A. 02/10/24 Time 12:13 Pm

**TRANSFER DETAILS** Rent Per Day 106

| Date | Time | From | To | Nurse's Signature |
|---|---|---|---|---|
| 2/10/24 | 12.00 | Admission | ISI floor (106) | |
| 3/10/24 | 7.40 | 106 | OT | |
| 3/10/24 | 13:15 | OT | SICU | |
| 5/10/24 | 16.15 | SICU | 106 | |
| | | | | |
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## OPERATION THEATRE

| | | | | |
|---|---|---|---|---|
| Date | : 03-10-24. | | OT No. | : II |
| Surgeon | : Dr. KAILASH A JAIN | | Start Time | : 8.15am |
| I Asst. Surgeon | : Dr GHAYOOR AHMED | | End Time | : 13.15 PM |
| II Asst. Surgeon | : Mr. PRATHEESH | | Dis. Pack | : - |
| III Asst. Surgeon | : | | Diathermy | : dead. |
| Anaesthetist | : Dr SYLVESTER / Dr SHARNA VARMA | | C-Arm | : - |
| OT Nurse | : Sr THANICKASALAM | | Arthroscopy | : - |
| Name of Surgery | : OP CAB (CLOSED HEART) | | Laproscopy | : - |
| Rs 1000/- for CTO to be charged. | | | Sevoflurane / Isoflurane | : 3 hrs |
| Manual saw drill used. | | | Inj. Fentanyl | : 2ml 10ml/inj. monphi: - 1 |
| | | | Others | : - |

### MONITOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 03/10/24. | 13.00 | 5/10/24 | 16.15 |
| 6/10/24 | 7.30 | 6/10/24 | 9.00 |
| | | | |
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### INFUSION PUMP

| Date | Start | Date | Disconnect |
|---|---|---|---|
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### OXYGEN

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 03/10/24 | 13.00 | 5/10/24 | 16.15 |
| 5/10/24 | 16.30 | 6/10/24 | 08:00 |
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### SYRINGE PUMP

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 03/10/24 | 13.00 | 4/10/24 | 10.30 |
| 3/10/24 | 13:20 | 5/10/24 | 10.00 |
| 3/10/24 | 13:20 | 5/10/24 | 11.00 |
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### ALPHA BED

| Date | Start | Date | Disconnect |
|---|---|---|---|
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### SCD PUMP

| Date | Start | Date | Disconnect |
|---|---|---|---|
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### VENTILATOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 03/10/24 | 13.00 | 4/10/24 | 9:00 |
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## 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 |
|---|---|
| 2/10/24 | CBC (2967) |
| 3/10/24 | CBC (13011) BT, CT (13013) |
| 4/10/24 | CBC, UREA, CREATININE, SODIUM, POTASSIUM (13034) |
| 7/10/24 | CBC, UREA, CREATININE, $NA^+$, $K^+$ (3143) |

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

| | | | |
|---|---|---|---|
| 03/10/24 | CXR AP B/S - (1) (13008) | | |
| 03/10/24 | ECG B/S - (1) (13008) | | |
| 4/10/24 | ECG B/S - (1) (13034) | | |
| 4/10/24 | CXR AP B/S - (1) (13072) | | |
| 5/10/24 | CXR AP B/S - (1) (13108) | | |
| 6/10/24 | ECG (32[illegible]) | | |
| 7/10/24 | ECG, ECHO, X-ray DP (3143) | | |
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## CBG

| DATE | NUMBERS | DATE | NUMBERS |
|---|---|---|---|
| 2/10/24 | 1+ (32[illegible]) | 7/10/24 | 1+1+1 |
| 3/10/24 | 1 | 8/10/24 | 1+1+1 |
| 3/10/24 OT | 1 (13006) | 9/10/24 | (1) (32[illegible]) |
| 4/10/24 | 3 (13034) | | |
| 4/10/24 | 1 (13052) | | |
| 4/10/24 | 1 (13072) | | |
| 4/10/24 | 2 (13085) | | |
| 5/10/24 | 1+1+1 (32[illegible]) | | |
| 6/10/24 | 1+1+1 | | |

## ABG

| DATE | NUMBERS | DATE | NUMBERS |
|---|---|---|---|
| 03/10/24 OT | 2 (13006) | 03/10/24 OT | 3 (13006) |
| 03/10/24 | 1 (13008) | 03/10/24 | 1 (13008) |
| 4/10/24 | 3 (13034) | | |
| 4/10/24 | 2 (13052) | | |
| 4/10/24 | 1 (13072) | | |
| 5/10/24 | 1 (13085) | | |
| 5/10/24 | 1 (13108) | | |

## ACT

| DATE | NUMBERS |
|---|---|
| | |

## PHYSIOTHERAPY

| Date | |
|---|---|
| 03/10/24 | 13:50 |
| 04/10/24 | 5:15 / 6:30 / 9:00 / 17:15 / 21:00 |
| 05/10/24 | 6:00 / 10:00 / 14:00 |
| 6/10/24 | 10:45 / 16:30 |
| 7/10/24 | 10:00 / 17:00 |
| 8/10/24 | 10:00 / 17:45 |
| 9/10/24 | 10:00 |
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## NEBULIZER

| DATE | NUMBERS | DATE | NUMBERS |
|---|---|---|---|
| 3/10/24 | 1+ | | |
| 4/10/24 | 1+1+1+1 | | |
| 5/10/24 | 1+1+1 | | |
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## OTHERS

| DATE | NUMBERS | DATE | NUMBERS |
|---|---|---|---|
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| DR. KAILASH | 2/10/24 | 3/10/24 | 4/10/24 | 5/10/24 | 6/10/24 | 7/10/24 | 8/10/24 |
| Dr. Kailash | 9/10/24 | | | | | | |
| Ms. Catherine (Dietician) | 3/10/24 | 4/10/24 | 5/10/24 | 7/10/24 | 9/10/24 | | |
| Mr. Sevathai (Phy) | 7/10/24 | | | | | | |

**PHARMACY**

OT DRUGS REPLACED :

BILL CLEARED : 127835 / 4000 0.88

RETURNS CHECKED : 9/10/24.

**AMBULANCE**

T- 6,80,000

**CROSS MATCHING :**

**RESERVATION PF BLOOD :** 30 PRBC Reservation done 2/10/24

**STERILE TRAY USED :** SR Tray (1) used

**TRANFUSION ( BLOOD )** 2 UNIT RDP, 1 UNIT PRBC TRANSFUSED IN SICU ON 3/10/24
1 UNIT SDP, 2 UNIT CRYO TRANSFUSED IN SICU ON 3/10/24
1 UNIT PRBC WAS TRANSFUSED IN SICU ON 4/10/24.

**ATTENDER'S HOLDING :**

**OTHER PROCDURES :**

Admission Officer : R. Ritheshwari

Sister In-charge

## Cashless - Final Approval

**Date : 09-Oct-24**
**Time : 09:25 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 CORONARY ARTERY DISEASE:

| | | |
|---|---|---|
| **Claim Intimation Number** | : | CIR/2025/191149/1018995 |
| **Name of the Insured** | : | ASHOK KUMAR TAHLANI |
| **Age / Gender** | : | 69 years 5 months / Male |
| **Product Name** | : | Star Comprehensive Insurance Policy |
| **Policy Number** | : | 11230215411706 |
| **Policy Period** | : | 02-Dec-23 to 01-Dec-24 |
| **Date of Admission** | : | 02-Oct-24 |
| **Date of Discharge** | : | 09-Oct-24 |
| **Name of the Hospital and Location** | : | Medway Medical Centre - CHENNAI - 600024 |

We acknowledge receipt of the final bill amount - Rs.680566/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 293105/- on 09-Oct-24.

**Please find below a summary with details:**

| | |
|---|---|
| Initial (Pre-Authorisation) Approved | Rs. 50000 |
| Final Hospital Bill | Rs. 680566 |
| Admissible Hospital Bill | Rs. 350185 |
| Bill items not covered as per Policy Conditions (Refer Working Sheet) | Rs. 330381 |
| Amount Payable by STAR Health to Hospital from Admissible Hospital Bill( Refer Section F for details) | Rs. 293105 |
| Amount Payable by Insured to Hospital from Admissible Hospital Bill (Refer Section D for details) | Rs. 32567 |

**Detailed Breakdown**

| Section | Description | Amount |
|---|---|---|
| A. | Final Hospital Bill | Rs. 680566 |

| | | |
|---|---|---|
| B. | Bill items not covered by Policy Conditions | Rs. 330381 |
| C. | Admissible Hospital Bill | Rs. 350185 |
| 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. 32567 |
| 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. 32567 |
| E. | **Miscellaneous** | |
| 1. | Network Hospital discount | Rs. 24513 |
| 2. | Deviation from agreed package/SOC | |
| 3. | Others | |
| E. Total | | Rs. 24513 |
| F. **Amount Payable by STAR Health to Hospital** (C-D-E) | | Rs. 293105 |

**Amount Payable by STAR Health to Hospital: Rs. 293105 (Indian Rupees Two Lakh Ninety Three Thousand One Hundred and Five 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 | Room Rent(Inclusive of GST) & Nursing charges | 18750 | | | |
| 2 | Room Rent(Inclusive of GST) & Nursing charges | 90000 | 52500 | | As per policy |