Ref: Dr. Kailash. A Jain

Self

Discharge on 01/10

Medical management

MHI/DP/2022/104

BILLING CARD

Medway Hospitals® The way to better l (A Unit of United Alliance Healthca

Medway Heart Institute Where heart beat never stops...

Mr.MANOHARLAL JAIN
62/Male/MHI202486085
28/09/2024/IP112024002289
Dr.KAILASH A JAIN

Patient Name _____

IP No. _____

Room No. ___

D.O.A 28/9/24 Time 05:51 pm.

CCU Ward

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
28/9/24	17.51	ADMISSION	CCU	
29/9/24	9.40	CCU	Cathlab.	
30/9/24	10.40	Cath Lab	CCU	
30/9/24.	19.45	CCU	IInd floor 205-A	

OPERATION THEATRE

Date	: 30/9/24	OT No.	: Cath lab.
Surgeon	: Dr. Jakshankar.	Start Time	: 9.50.
I Asst. Surgeon	:	End Time	: 10.20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN. Panchavarnam	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
28/9/24	17.51	30/9/24	19.45

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
29/9/24	9.00	29/9/24	10.30
30/9/24	10.30		

SYRINGE PUMP

Date	Start	Date	Disconnect
28/9/24	17.10	29/9/24	7:00
28/9/24	18.30	29/9/24	6:00
29/9/24	10.30	30/9/24	9:00
29/9/24	10.30	30/9/24	9:00
30/9/24	14:30	30/9/24	17:30

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
28/9/24	CATH PACKAGE, TROPI QUANTITATIVE, CPK TOTAL, CPK-MB, SR. KETONE, RBT, HBA1C (2754)
29/10/24	LFT, ATT, Cold Agglutin, Lipid Profile, TFT, BT (2224), CT, FBS, PPBS, Uric acid (2225)

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

29/9/24	ECG-I (2767)		
29/9/24	ECG-I (2779)		
29/9/24	ECG-I (2787)		
30/9/24	ECG-I (12807)		
1/10/24	Carotid Doppler (2922)		

CBG

DATE	NUMBERS	DATE	NUMBERS
28/9/24	3 (2754)		
29/9/24	12 (2767)		
29/9/24	1 (2780)		
29/9/24	1 (12787)		
30/9/24	1 (12807)		
30/9/24	1 (12863)		
1/10/24	1 (12926)		

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

DATE	NUMBERS	DATE	NUMBERS

PHYSIOTHERAPY

Date	

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS

OTHERS

DATE	NUMBERS	DATE	NUMBERS
1-/10/24	waterBottle (4)		

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GIAYOOR MOHAMMED	28/9/24						
DR. KAILASH JAIN	29/9/24	30/9/24	01/10/24				
DR. JAISHANKAR	29/9/24						
DR. YUVARAJ	30/9/24						
DR. Shopna varma (Anes)	1/10/24						
Mrs. Catherine (Dietician)	28/9/24	30/9/24					

PHARMACY		AMBULANCE	
OT DRUGS REPLACED :		T-154929	↑25K.
BILL CLEARED :	18680 / 01/88		
RETURNS CHECKED :	1/10/24		

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :

Sister In-charge

Cashless - Final Approval

Date : 03-Oct-24
Time : 07:34 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/2025/111114/1018207
Name of the Insured	:	M.KIRANRAJ JAIN
Age / Gender	:	60 years 6 months / Male
Product Name	:	Star Health Assure Insurance Policy
Policy Number	:	11220013100006
Policy Period	:	25-Jan-24 to 24-Jan-25
Date of Admission	:	03-Oct-24
Date of Discharge	:	03-Oct-24
Name of the Hospital and Location	:	Medway Medical Centre - CHENNAI - 600024

We acknowledge receipt of the final bill amount - Rs.19800/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 16712/- on 03-Oct-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 14732
Final Hospital Bill	Rs. 19800
Admissible Hospital Bill	Rs. 17820
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 1980
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 16712
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. 19800

B.	Bill items not covered by Policy Conditions	Rs. 1980
C.	Admissible Hospital Bill	Rs. 17820
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. 1108
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 1108
F. **Amount Payable by STAR Health to Hospital** (C-D-E)		Rs. 16712

Amount Payable by STAR Health to Hospital: Rs. 16712 (Indian Rupees Sixteen Thousand Seven Hundred and Twelve 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	b) Composite Package	19800	1980		Maximum allowed towards composit