Dr. Kailash A Jain

INSURANCE

Discharge on 15/10/2024 CABG

MHI/DP/2022/104

Medway Heart Institute

BILLING CARD

SAFETY FIRST

Mr.MANOHARLAL JAIN
62/Male/MHI202486085
08/10/2024/IP112024002382
Dr.KAILASH A JAIN

Patient Name

IP No.

Room No.

D.O.A. 08/10/24 Time 12:58 pm

CCU - 2
Ward - 5

Rent Per Day 2050(A)

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
8/10/24	13.45	Admission	IInd FLOOR	
9/10/24	7.50	IInd Floor (205)	CT OT	
09/10/24	18.55pm	CT OT	SICU	
10/10/24	11.35am	SICU	SDICU	
11/10/24	12.30	SDICU	205 2nd floor.	

OPERATION THEATRE

Date	: 9/10/2024.	OT No.	: OT I
Surgeon	: Dr. KAILASH A JAIN	Start Time	: 8.15am - 1.30 hrs
I Asst. Surgeon	: Dr. GHAFOOR AHMED.	End Time	: 12.55
II ~~Asst. Surgeon~~	: Ms. SABITHA	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: cleared
Anaesthetist	: Dr SHAPNA VARMA	C-Arm	:
OT Nurse	: SW THANICKASALAM	Arthroscopy	:
Name of Surgery	: OP CABG (CLOSED HEART.)	Laproscopy	:
Rs 1000/- for ETO To be charged		Sevoflurane / Isoflurane	: 3 HRS
Manman Saw drill cleared.		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
9/10/24	13.00	11/10/24	12.30

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
9/10/24	13.00	11/10/24	9.00

SYRINGE PUMP

Date	Start	Date	Disconnect
9/10/24	13.00	09/10/24	16.00 — 1
9/10/24	13.00	11/10/24	11.00 — 2

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
9/10/24	13.00	9/10/24	17.00

VENTILATOR

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
10/10/24	CBC, urea, creatinine, Na^+, K^+ (13.9A)
13/10/24	CBC, Urea, Cr^+, Na^+, K^+ (3.4 | 3)

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

9/10/24	ECG (13263)		
9/10/24	x-Ray A/P B/S (13263)		
10/10/24	ECG (13294)		
10/10/24	CXR B/S I (13339)		
13/10/24	Chest X-ray, ECG, ECHO (341A)		

CBG

DATE	NUMBERS	DATE	NUMBERS
8/10/24	1+1 (3405)	14/10/24	1+1 (3405)
9/10/24	1+ (3405)	14/10/24	1 (3405)
10/10/24	1 (13320)	15/10/24	1+1 (3405)
10/10/24	1 (13343)		
11/10/24	1 (13355)		
11/10/24	1 (3405)		
11/10/24	1+ (3405)		
12/10/24	1+1+1 (3405)		
13/10/24	1+1+1		

ABG

DATE	NUMBERS	DATE	NUMBERS
9/10/24	3 (13263)	08/10/24	0+0+0
9/10/24	2 (3282) OT	09/10/24	3 (3282) OT
10/10/24	2 (13296)		
11/10/24	2 (13355)		
11/10/24	1 (3405)		

~~ACT~~ Patient DRF

DATE	NUMBERS

PHYSIOTHERAPY

Date	
9/10/24	13:30 / 17.00
10/10/24	6:00 / 9.00 / 16.00 / 21:00
11/10/24	6:30 / 19:00 / 17.35
12/10/24	11.00 / 16.30
13/10/24	10.45 / 16.15
14/10/24	9:45 / 16:50
15/10/24	10:30

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
9/10/24	1+1-		
10/10/24	3+1		
11/10/24	1+		

~~OTHERS~~

DATE	NUMBERS

Patient DRF

DATE	NUMBERS
08/10/24	0+0+0
09/10/24	1+1+1
10/10/24	0+0+0
11/10/24	0+0+0
12/10/24	0+0+0
13/10/24	0+0+0
14/10/24	0+0+0

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Kailash Jain	8/10/24	9/10/24	10/10/24	11/10/24	12/10/24	13/10/24	14/10/24
DR. SHARMA	8/10/24	—					
Dr. Anand (Neuro).	13/10/24	—					
Dr. Kailash Jain	15/10/24	—					
Mrs. Catherine (Dietitian)	8/10/24	9/10/24	11/10/24	13/10/24	14/10/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	T- 4,05,000
BILL CLEARED : 12/7/24	
RETURNS CHECKED : 15/10/24	

CROSS MATCHING :

RESERVATION PF BLOOD : 2 (1) PCV Reservation done.

STERILE TRAY USED : SR TRAY (1) no used in OT on 10/10/24.

TRANFUSION (BLOOD) SR Tray (1) used.

ATTENDER'S HOLDING :

OTHER PROCDURES : 2D TEE Probe → Instrumental Charges

Admission Officer :

Sister In-charge

Cashless - Final Approval

Date : 15-Oct-24
Time : 01:51 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/2025/111117/1043648
Name of the Insured	:	MANOHARLAL JAIN
Age / Gender	:	63 years / Male
Product Name	:	Star Comprehensive Insurance Policy
Policy Number	:	11230066447004
Policy Period	:	30-Jul-24 to 29-Jul-25
Date of Admission	:	08-Oct-24
Date of Discharge	:	15-Oct-24
Name of the Hospital and Location	:	Medway Medical Centre - CHENNAI - 600024

We acknowledge receipt of the final bill amount - Rs.405514/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 282846/- on 15-Oct-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 240000
Final Hospital Bill	Rs. 405514
Admissible Hospital Bill	Rs. 304135
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 101379
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 282846
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. 405514

B.	Bill items not covered by Policy Conditions	Rs. 101379
C.	Admissible Hospital Bill	Rs. 304135
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. 21289
2.	Deviation from agreed package/SOC	
3.	Others	
E. Total		Rs. 21289
F. **Amount Payable by STAR Health to Hospital** (C-D-E)		Rs. 282846

Amount Payable by STAR Health to Hospital: Rs. 282846 (Indian Rupees Two Lakh Eighty Two Thousand Eight Hundred and Forty Six 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	17500			
2	ICU Charges	14000			