Dr. Kailash A Jain

INSURANCE

Discharge on 06/10/24. PTCA.

MHI/DP/2022/104

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

BILLING CARD
SAFETY FIRST
CCU-1
ward-2

Medway Heart Institute
Where heart beat never stops...

Mr.KIRANRAJ JAIN M
60/Male/MHI202486114
04/10/2024/IP1120240023339
Dr.KAILASH A JAIN

Patient Name
IP No. ____
Room No. ____

D.O.A. 4/10/24 Time 10.09 AM

TRANSFER DETAILS

Rent Per Day 101

Date	Time	From	To	Nurse's Signature
4/10/24	11.00	ADMISSION	1st Floor (101)	Jeyaraj.
4/10/24	13.20	1st Floor (101)	cath Lab	Jeyaraj.
4/10/24	15.50	cath lab	CCU	Jeyaraj
5/10/24	9.45	CCU	1st Floor (101)	Jeyaraj

OPERATION THEATRE

Date	: 4/10/24	OT No.	: cath lab I
Surgeon	: Dr. Jaishankar	Start Time	: 13.30
I Asst. Surgeon	:	End Time	: 15.00
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N panchavarnam	Arthroscopy	:
Name of Surgery	: PTCA + IVUS	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
4/10/24	15.50.	5/10/24	9.45

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
5/6/24	CBC, RFT (13089)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
4/10/24	ECG C (13089)		
5/10/24	ECG - O (13089)		

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
4/10/24	I+O (3104)						
4/10/24	I (13089)						
5/10/24	O (13089)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. KAILSHTAIN	4/10/24	5/10/24	—				
DR JAISHANKAR	4/10/24	5/10/24	06/10/24	—			
Ms catherine (Dietitian)	4/10/24	5/10/24	6/10/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 3001/- 5/10/24 RETURNS CHECKED :	T-TN 57 980/-

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :

Sister In-charge

FINAL BILL

Name : MR.KIRANRAJ JAIN	IP Number : IPH2024002339
Age / Sex : 60 Years / MALE	D.O.A. : 04/10/2024 AT 18:34
Doctor Name : Dr KAILASH JAIN	D.O.D. : 06/10/2024 AT 18:00
INSURANCE / TPA : STAR	CLAIM NO. : CIR/2025/111114/1022727

ADMINISTRATION CHARGES	1500.00
SINGLE ROOM CHARGES (5000 X 1 DAY)	5000.00
CCU BED CHARGES (7000 X 1 DAY)	7000.00
INTENSIVIST PROFESSIONAL CHARGES	5000.00
DUTY MEDICAL OFFICER	1000.00
CBG 3	570.00
ECG 2	960.00
CBC	977.00
RFT	2102.00
STERILIZATION AND DISINFECTANT CHARGES	2500.00
MONITOR CHARGE	4000.00
CATH LAB CHARGE (PTCA + IVUS)	70000.00
IMPLANT CHARGES	223357.00
DRUGS	30014.00
NUTRITIONAL ASSESSMENT CHARGES	1000.00
DIET CHARGES	500.00
(PROFESSIONAL TEAM FEES) :-	
DR JAISHANKAR	70000.00
DR KARTHICK	22500.00
DR KAILASH JAIN	10000.00
TOTAL SERVICE AMOUNT	**457980.00**
APPROVAL AMOUNT	**406993.00**
CO PAY	**0.00**
DISCOUNT	**30633.00**
PATIENT PAID	**20354.00**

INSURANCE CO ORDINATOR
UNITED ALIIANCE HEALTH CARE PVT LTD

Cashless - Final Approval

Date : 05-Oct-24
Time : 07:33 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/2025/111114/1022727
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	:	04-Oct-24
Date of Discharge	:	06-Oct-24
Name of the Hospital and Location	:	Medway Medical Centre - CHENNAI - 600024

We acknowledge receipt of the final bill amount - Rs.457980/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 406993/- on 05-Oct-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 150000
Final Hospital Bill	Rs. 457980
Admissible Hospital Bill	Rs. 437626
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 20354
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 406993
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. 457980

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM,
KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
05/10/2024	**AUC/WS667 1/1**
Terms	Salesman Name
WHOLE SALES	4-PATIENT
GSTIN	DL NO : N.A
33AABCU3941Q1ZZ	

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1		OPTICROSS CATHETER 3.0FX135	1	90183220	34008307	01/25	1	0	12 %	9321.43	77678.57	87000.00	77678.57
2	1 NA	XIENCE SIERRA DES 3.5X33	1	30049099	3121441	12/26	1	0	5 %	1913.25	38265.06	40178.32	38265.06
3	1 NA	XIENCE SIERRA DES 3.0X23	1	30049099	3121341	12/26	1	0	5 %	1913.25	38265.06	40178.32	38265.06
4		MINI TREK RX20012MM	1	90189099	40506G1	04/27	1	0	12 %	2357.14	19642.85	22000.00	19642.85
5	1 NA	INFLATION DEVICE GM-30	1	30049099	ND231212A	12/26	1	0	12 %	964.29	8035.71	9000.00	8035.71
6	1 NA	APOLLO NC BALLOON 3.5X10	1	90183990	2407106222	07/26	1	0	12 %	2678.57	22321.42	25000.00	22321.42

ITEMS : 6 QTY : 6 BASE :204208.67 SGST : 9573.97 CGST : 9573.97 GST : 19147.93 Goods Value: 204208.67

Category	Gross	CGST	SGST	Amount	P(Disc)	DB		
5 %	76530.12	1913.25	1913.25	80356.63		CR		
12 %	127678.55	7660.71	7660.71	142999.98		CD	0.00	0.00
					Rounded Net Amount			**223357.00**
					AXIS A/C : 922030011606851 IFSC : UTIB0001165			

Amount In Words : Two Lakhs Twenty Three Thousand Three Hundred Fifty Seven Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-KIRANRAJ JAIN-IP-2024002339-DR.KAILASH A JAIN

Customer Outstanding: **127367921.00**

For AUCTUS LABS PRIVATE LIMITED

User Name
HARI

AUTHORIZED SIGNATORY