Dr-G. Gnanavelu.

HT → 160 CM.
WT →

INSURANCE

Discharge on 06/10/24.

PTCA

MHI/DP/2022/104

BILLING CARD

SAFETY FIRST

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

Mr.KANDHAN M
45/Male/MH1202486182
04/10/2024/IPH2024002345
Dr.G. GNANAVELU

Medway Heart Institute
Where heart beat never stops...

Patient Name _____ D.O.A. 04/10/24 Time 11:03 Am

IP No. _____

CCU - 1
Ward - HP

2020

Room No. _____ Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
4/10/24	12:00	Admission	2nd F-202 'A'	
4/10/24	14:30	2nd floor -202 'A'	Cath lab	
4/10/24	16:30	CATH LAB	CW	
5/10/24	11:00	CCU	IInd Floor 202 'A'	244/0299

OPERATION THEATRE

Date	: 4/10/2024		OT No.	: Cath. lab - II
Surgeon	: DR Gnanavelu		Start Time	: 15.00
I Asst. Surgeon	:		End Time	: 16.00
II Asst. Surgeon	:		Dis. Pack	:
III Asst. Surgeon	:		Diathermy	:
Anaesthetist	:		C-Arm	:
OT Nurse	: R/N Sandhiya		Arthroscopy	:
Name of Surgery	: PTCA		Laproscopy	:
			Sevoflurane / Isoflurane	:
			Inj. Fentanyl	: 2ml 10ml/inj. monphi:
			Others	:

MONITOR

Date	Start	Date	Disconnect
04/10/24	16.30	5/10/24	11.00

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
5/10/24	Sr. Urea, Sr. Creatinine (13090)

(2)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
4/10/24	ECG - (1) (13090)		
5/10/24	ECG - (1) (13090)		

(3)

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
4/10/24	1+0 (3109)						
4/10/24	(1) (13090)						
5/10/24	(1) (13090)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. G. GNANAVELU	04/10/24	5/10/24	06/10/24	———	———		
Ms. Catherine (Dietitian) Ms. Seralthal (Dhy)	4/10/24 5/10/24	6/10/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	T — 3/5/3719 3.5 KM
BILL CLEARED : 19616/- S. Mk 5/10/24	
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :

Sister In-charge

FINAL BILL

Name : MR.KANDHAN M	**IP Number : IPH2024002345**
Age / Sex : 45 Years / MALE	**D.O.A. : 04/10/2024 AT 18:34**
Doctor Name : Dr GNANAVELU	**D.O.D. : 06/10/2024 AT 18:00**
INSURANCE / TPA : STAR	**CLAIM NO. : CIR/2025/121212/1018470**

ADMINISTRATION CHARGES	1500.00
TWIN ROOM CHARGES (3500 X 1 DAY)	3500.00
CCU BED CHARGES (7000 X 1 DAY)	7000.00
INTENSIVIST PROFESSIONAL CHARGES	5000.00
DUTY MEDICAL OFFICER	1000.00
LABORATORY	1030.00
RADIOLOGY	960.00
STERILIZATION AND DISINFECTANT CHARGES	2500.00
MONITOR CHARGE	4000.00
CATH LAB CHARGE (PTCA)	50000.00
IMPLANT CHARGES	62315.00
DRUGS	19614.00
NUTRITIONAL ASSESSMENT CHARGES	1000.00
DIET CHARGES	1500.00
(PROFESSIONAL TEAM FEES) :-	
DR GNANAVELU	65000.00
DR KARTHICK	25000.00
DR SEVATHAL	3000.00

TOTAL SERVICE AMOUNT	**253919.00**
APPROVAL AMOUNT	**215032.00**
CO PAY	**0.00**
DISCOUNT	**16185.00**
PATIENT PAID	**22702.00**

INSURANCE CO ORDINATOR
UNITED ALIIANCE HEALTH CARE PVT LTD

Cashless - Final Approval

Date : 05-Oct-24
Time : 07:36 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/2025/121212/1018470
Name of the Insured	:	MR.M.KANDHAN
Age / Gender	:	45 years 1 months / Male
Product Name	:	Family Health Optima Insurance Plan
Policy Number	:	11240456964107
Policy Period	:	16-Oct-23 to 15-Oct-24
Date of Admission	:	04-Oct-24
Date of Discharge	:	05-Oct-24
Name of the Hospital and Location	:	Medway Medical Centre - CHENNAI - 600024

We acknowledge receipt of the final bill amount - Rs.253919/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 215032/- on 05-Oct-24.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 150000
Final Hospital Bill	Rs. 253919
Admissible Hospital Bill	Rs. 231217
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 22702
Amount Payable by STAR Health to Hospital from Admissible Hospital Bill(Refer Section F for details)	Rs. 215032
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. 253919

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/WS670 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	1 NA	PANTERA LEO 3.5 X 12	1	90189099	04241876	04/27	1	0	12 %	1132.80	9440.00	10572.80	9440.00
2	1 NA	CORONARY STENT ULTIMASTER NAGOMI 3.50X28MM	1	30049099	230912	08/25	1	0	5 %	1913.25	38265.06	40178.32	38265.06
3	1 NA	ACROSS HP 2.5X 10MM	1	90189099	23A829	01/25	1	0	12 %	1239.00	10325.00	11564.00	10325.00

ITEMS : 3 QTY : 3 BASE : 58030.06 SGST : 2142.53 CGST : 2142.53 GST : 4285.05 Goods Value: 58030.06

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	38265.06	956.63	956.63	40178.31		CR	
12 %	19765.00	1185.90	1185.90	22136.80		CD	0.00
					Rounded Net Amount		62315.00

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Sixty Two Thousand Three Hundred Fifteen Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-KANDHAN-IP-2024002345-DR.GNANAVELU

Customer Outstanding: **127656318.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUCTUS LABS P CHENNAI 600 024

AUTHORIZED SIGNATORY