



BILL ASSESSMENT SHEET - MEMBER PAYMENT

Intimation No	CIR/2024/161111/1596039	Bill Approved Date	14-05-2024
Insured Name	ARVIND KUMAR SINGH	Policy No	P/161111/01/2024/003224
		Certificate of Insurance No.	
Claimant Name	USHA KUMARI	Product Name	Family Health Optima Insurance Plan
DOB/Age	05/02/1987 - 36 years	Policy Period	11-05-2023 to 10-05-2024
Address :	63/13, CIRCULAR ROAD GANGA NAGAR ALLAHABAD NA Pincode : 211001 NA NA Telephone : 9711507120	Hospital Name	RG Stone Urology and Laparoscopy
		Hospital Address	B-1, Vishal Enclave, Opposite Police Station, Rajouri Garden NEW DELHI - 110027 Delhi
Sum Insured	500000	DOA	17-02-2024
Bonus	295000	DOD	18-02-2024
Copay %	0.0%	Final Diagnosis	CHOLELITHIASIS,
SM Code / Name	SH39070 / Mr.SUNIL KUMAR SINGH		
Intermediary Code / Name	SD161111 / 161111 SD CODE	ICD Codes Desc	K80, SECTION

Hospitalisation Expenses

SNo	Nature of Expenditure	Bill No	Bill Date	Amount Claimed	Amount Disallowed		Approved Amount	Disallowance Reasons / Remarks
					Non Payable (A)	Proportionate Deduction (B)		
Total								
Deductibles (A + B)								
Hospital Discounts								
Network Hospital Discounts								
Deductions								
NET AMOUNT (Total - Deductibles, Hospital Discounts & Deductions)								

Amount claimed	0
Total Deductions	0
a. Non payable	0
b. Proportionate Deductions	0
Approved Amount (after Total Deductions)	0
Less: Hospital Discounts	0
Less: Other deductions	0
Net Amount (Approved amount - Hospital discounts and other deductions)	0
Amount considered	0
Co-Pay Amount	0
Amount considered after co pay	
Exceeds sub limit	0
Less: Amount settled by other Insurer	0
Exceeds Sum Insured	0
Amount payable	0
Claim Restrictions	0

Preauth approved amount	78000
Amount payable to Hospital	78000

Payable to Insured	0
Less amount already paid to Insured	0
Balance payable to Insured	0

Pre Hospitalisation Expenses

S.No	Nature of Expenditure	Bill No	Bill Date	Amount Claimed (A)	Non Payable (B)	Approved Amount (C)	Disallowance Reasons / Remarks
1	Investigation and Diagnostics			2370	1010	1360	REGISTRATION NOT PAYABLE, ECG AND X-RAY NO REPORT HENCE DEDUCTED.
Total				2370		1360	
Eligible Amt (As per Policy)							
Amount payable						1360	
Co pay Amount				0.0%		0	
Net Payable / Eligible Amt * (After Co-pay)						1360	
Exceeds the limit							
Amount already paid to insured						0	
Balance payable to Insured						1360	

Post Hospitalisation Expenses

S.No	Nature of Expenditure	Bill No	Bill Date	Amount Claimed (A)	Non Payable (B)	Approved Amount	Disallowance Reasons / Remarks
1	a)Medicines			3482		3482	
2	Others			250	250		CONSUMABLES NOT PAYABLE.,
Total				3732		3482	
Amount payable						3482	
Co pay Amount				0.0%		0	
Net Payable / Eligible Amt * (After Co-pay)						3482	
Exceeds the limit						0	
Amount already paid to insured						0	
Balance payable to Insured						3482	

Consolidation Summary

Section	Amount
Total amount claimed	6102
Hospitalisation payable amount	0
Pre hospitalisation payable amount	1360
Post hospitalisation payable amount	3482
Add on Benefit(Hospital Cash / Patient care)	0
Total Claim Payable Amount	4842

In case you are not satisfied with the decision, you may represent to our Grievance Department at the following address:

**Dr. Guru Mageswaran,
Grievance Redressal Officer,
Corporate Grievance Department,
4th Floor, Balaji Complex, No. 15, Whites Lane,
Whites Road, Royapettah, Chennai- 600014.
(Land mark: In the lane next to Satyam Theatre Parking Area)
Telephone : 044-4366 4600, Exclusive Number for Senior Citizen : 044-6900 7500
E-mail id:- gro@starhealth.in**

Thereafter if you wish to pursue the matter further, you may represent to the Office of the Insurance Ombudsman whose address is given below:

Office of the Insurance Ombudsman,
2/2 A, Universal Insurance Building,
Asaf Ali Road,
New Delhi - 110 002
Tel : 011 - 23239633 / 23237532
Fax : 011 - 23230858
bimalokpal.chandigarh@cioins.co.in