



MEDICAL OFFICER REVIEW SHEET

CCN	HH712100673	Bill Type	Reimbursement (Main Bill)
Policy Type	Varistha Mediclaim	Card No	HHS7.0134105197
Intimation Date	20/10/2020 02:39 PM	File Receipt Date	20/10/2020
Policy No	506032502010000029	BO/Do Code	506032 Chennai - Madipakkam BC
Policy Valid From	20/05/2020	Policy Valid To	19/05/2021
Proposer Name	DORAIRAJ R	Patient's Name	DORAIRAJ R
Sum Insured	1000000.00	Cumulative Bonus	0.00
Hospital Name	BILLROTH HOSPITAL (SHENOY NAGAR) (PPN - Y)		
Illness	Acute pulmonary edema, systemic hypertension, CKD		
DOA	30/08/2020	Paid Till Date	0
DOD	01/09/2020	Claims in Pipeline	55575
Balance Available	44425.00	Total Claim Amnt	96795.00
64(VB) Req.Date	27/11/2020	64(VB) Rec.Date	27/11/2020
Policy Pre Existing			
Patient's Pre Existing			
Patient's Exclusion			
First Inception Date	20/05/2020	Doctor's Name	VIJAYAKUMAR
Age	83	Date of Birth	15/03/1937
Insured Valid From	20/05/2020	Insured Valid To	19/05/2021

CLAIM HISTORY

CCN	Status	Claim Type	Disease	DOA	DOD	PA Date	PA Amnt (Rs.)	Paid Date	Amnt Paid (Rs.)
HH712100641	Claim Closed/R ejected	Reimbursement (Main Bill)	CHRONIC KIDNEY DISEASE ON MHD	29/08/2020	29/08/2020				
HH712100673	Settled	Reimbursement Sub Bill (Main Bill)	Acute pulmonary edema, systemic hypertension, CKD	30/08/2020	01/09/2020				

Room Rent Disc.	Doctor Disc.	Med Fess Disc.	Lab Chg Disc.	OT Disc.	Total Bill Disc.	Remarks
0.00	0.00	0.00	0.00	0.00	0.00	

Bill No	Bill Date	Exp. Head	Exp.Item	Quantity/Days	Bill Rate (Rs.)	Gross Amnt (Rs.)	Disc(%)	Net Bill Amnt (Rs.)	Ded Amnt (Rs.)	Net Payable (Rs.)
Pre Bill										
910 (20)	28/08/2020	Medicines	Medicines by Hospital	1	6204.00	6204.00	0.00	6204.00	6204.00	0.00
Reason: NON MEDICAL EXPENSES NOT PAYABLE-UNDER PAD,GOWN,N95 MASK,O2 MASK SYRINGE,GLOVE,3 WAY ETC...										
910 (15)	29/08/2020	Investigations	E.C.G. (Electro Cardio Graph)	1	660.00	660.00	0.00	660.00	660.00	0.00
Reason: ECG REPORT NOT ENCLOSED										
910 (16)	29/08/2020	Investigations	Laboratory	1	2800.00	2800.00	0.00	2800.00	0.00	2800.00
Reason:										
910 (17)	29/08/2020	OT Related Charges	Pulse Oximetry	1	480.00	480.00	0.00	480.00	480.00	0.00
Reason: Pulse Oximetry NOT PAYABLE										
910 (18)	29/08/2020	OT, Blood, O2	Monitoring Chrges	1	900.00	900.00	0.00	900.00	900.00	0.00



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957 (7)	31/08/2020	Medicines	Medicines by Hospital	1	2250.00	2250.00	0.00	2250.00	0.00	2250.00
Reason:										
738 (8)	01/09/2020	Other Expenses	Miscellaneous	1	600.00	600.00	0.00	600.00	600.00	0.00
Reason: OBSERVATION CHARGES NOT PAYABLE										
925 (9)	01/09/2020	Other Expenses	File Admission	1	240.00	240.00	0.00	240.00	240.00	0.00
Reason: Admission NOT PAYABLE										
925 (10)	01/09/2020	Other Expenses	Miscellaneous	1	780.00	780.00	0.00	780.00	780.00	0.00
Reason: DOCUMENTATION, ID BAND NOT PAYABLE										
925 (11)	01/09/2020	Room Services	Room Rent	2	6300.00	12600.00	0.00	12600.00	10600.00	2000.00
Reason: 1% OF SUM INSURE ONLY PAYABLE FOR ROOM,NURSING, DMO(OPTED ROOM RS6300/-ELIGIBLE ROOM RS.1000/-)										
925 (12)	01/09/2020	Other Expenses	F&B	1	540.00	540.00	0.00	540.00	540.00	0.00
Reason: DIET CHARGES NOT PAYABLE										
925 (13)	01/09/2020	OT, Blood, O2	O2/Gases	1	2250.00	2250.00	0.00	2250.00	0.00	2250.00
Reason:										
925 (14)	01/09/2020	Other Expenses	Discounts	1	(1347.00)	-1347.00	0.00	(1347.00)	0.00	(1347.00)
Reason: Discounts										
1 (34)	01/09/2020	Medicines	Medicines by Hospital	1	1774.00	1774.00	0.00	1774.00	1774.00	0.00
Reason: NO BILL FOR CLAIMED AMOUNT										
730 (1)	01/09/2020	COVID EXP	PPE KIT	1	900.00	900.00	0.00	900.00	900.00	0.00
Reason: PPE KIT NOT PAYABLE										
676 (2)	01/09/2020	Other Expenses	Miscellaneous	1	100.00	100.00	0.00	100.00	100.00	0.00
Reason: BED SHEET NOT PAYABLE										
Sub Total 77526.00 77526.00 39290.00 38236.00										
Post Bill										
407 (3)	02/09/2020	Medicines	Medicines by Shop	1	600.00	600.00	0.00	600.00	0.00	600.00
Reason:										
Sub Total 600.00 600.00 0.00 600.00										
Total 96795.00 96795.00 55159.00 41636.00										
Copayment							4164.00			
Discount							0			

Any Special or Additional Notes For This Particular Claim/Insured :

ICD INFORMATION

ICD Level	Code	Name
Primary ICD Level I	J00-J99	Diseases of the respiratory system
Primary ICD Level II	J80-J84	Other respiratory diseases principally affecting the interstitium
Primary ICD Level III	J81	Pulmonary oedema

Pre Post Claimed 19269.00 of 100000.00 = 19.27%

Some Important Special Conditions for Varistha Mediclaim

- a. Room, Boarding expenses as provided by the Hospital/Nursing Home 1% of Sum Insured per day
If admitted in ICU 2% of Sum Insured per day
- b. Company's overall liability in respect of claims arising due to Cataract is Rs. 10,000/- and that of Benign Prostatic Hyperplasia is Rs 20,000/- only.
- c. Insured has to bear 10% of all admissible claims as co-pay, However he may also opt for 20% if he get 10% discount on premium.
- d. Ambulance Charges 1000 rs Maximum.

Some Important Cost Components on S.I + C.B

	Claim Amnt(Rs.)	Admissible Amnt(Rs.)	Max Payable (Rs.)	Previously Paid(Rs.)	In-Process Amnt(Rs.)	Max Payable in this Claim(Rs.)
Room,Board and Nursing Expenses	29725.00	3000.00	25000.00	0.00	0.00	25000.00
Surgeon, Anesthetist, Medical Practitioner, Consultants Special fees	2500.00	2500.00	25000.00	0.00	0.00	25000.00
Other Charges	64570.00	36136.00	50000.00	0.00	0.00	50000.00

Percentage of Cost Components on Bill Value

Expenditure	Cost Percentage
Room Services	30.71%
Professional charges	2.58%
Medicines	19.64%
Investigations	26.26%
OT, Blood, O2	11.36%
Other Expenses	5.02%
Investigations & Procedures	3.00%
OT Related Charges	0.50%
COVID EXP	0.93%