

BILL ASSESSMENT SHEET - MEMBER PAYMENT

Intimation No	CIR/2023/161129/0064585	Bill Approved Date	
Insured Name	SONIKA GUPTA	Policy No	P/161129/01/2022/008456
Claimant Name	SONIKA GUPTA	Certificate of Insurance No.	
DOB/Age	22/11/1981 - 40 years	Product Name	Arogya Sanjeevani Policy Star Health and Allied Insurance Co Ltd.
Address :	H.NO.229, A/2, GALI NO.2, MEDICAL STORE, AMBEDKAR NAGAR, HAIDERPUR, DELHI-110088 NEW DELHI Pincode : 110088 NORTH WEST DELHI	Policy Period	17-03-2022 to 16-03-2023
Sum Insured	500000	Hospital Name	Sandhyasi Hospital
Bonus	25000	Hospital Address	D-48 sec-5 bawana industrial area delhi 110039 NEW DELHI - 110039 Delhi
Copay %	5.0%	DOA	13-04-2022
SM Code / Name	SH33066 / Mr.AJAY SINGH	DOD	20-04-2022
Intermediary Code / Name	BA0000254323 / Mr.SHARWAN KUMAR SHARMA	Final Diagnosis	VIRAL PYREXIA,
		ICD Codes Desc	A99, 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)		
1	Room Rent & Nursing Charges			18200			18200	
2	Professional Fees (Surgeon, Anastheist, Consultation Charges etc)			7000			7000	
3	Investigation & Diagnostics			3500			3500	

SNo	Nature of Expenditure	Bill No	Bill Date	Amount Claimed	Amount Disallowed		Approved Amount	Disallowance Reasons / Remarks
					Non Payable (A)	Proportionate Deduction (B)		
4	a.i) Medicines - within Hospital			27220	12000		15220	PPS CHARGES NOT PAYABLE.
Total				55920				
Deductibles (A + B)					12000			
Hospital Discounts								
Network Hospital Discounts								
Deductions								
NET AMOUNT (Total - Deductibles, Hospital Discounts & Deductions)							43920	

Amount claimed	55920
Total Deductions	12000
a. Non payable	12000
b. Proportionate Deductions	0
Approved Amount (after Total Deductions)	43920
Less: Hospital Discounts	0
Less: Other deductions	0
Net Amount (Approved amount - Hospital discounts and other deductions)	43920
Amount considered	43920
Co-Pay Amount	2196
Amount considered after co pay	41724
Exceeds sub limit	0
Less: Amount settled by other Insurer	0
Exceeds Sum Insured	0
Amount payable	41724
Claim Restrictions	0
Preauth approved amount	0
Amount payable to Hospital	0
Payable to Insured	41724
Less amount already paid to Insured	0
Balance payable to Insured	41724

Pre Hospitalisation Expenses

S.No	Nature of Expenditure	Bill No	Bill Date	Amount Claimed (A)	Non Payable (B)	Approved Amount (C)	Disallowance Reasons / Remarks
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Post Hospitalisation Expenses

S.No	Nature of Expenditure	Bill No	Bill Date	Amount Claimed (A)	Non Payable (B)	Approved Amount	Disallowance Reasons / Remarks
	Total					0	
	Amount payable					0	
	Co pay Amount			5.0%		0	
	Net Payable / Eligible Amt * (After Co-pay)					0	
	Exceeds the limit					0	
	Amount already paid to insured					0	
	Balance payable to Insured					0	

Consolidation Summary

Section	Amount
Total amount claimed	55920
Hospitalisation payable amount	41724
Pre hospitalisation payable amount	0
Post hospitalisation payable amount	0
Add on Benefit(Hospital Cash / Patient care)	0
Total Claim Payable Amount	41724

In case of any questions on the settlement amount, kindly contact our Senior Doctor at (7305581888)

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

**Mrs. Radha Vijayaraghavan,
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