

6.3.1 The institution has effective welfare measures and Performance Appraisal System for teaching and non-teaching staff

- Employees are assisted in obtaining **medical treatment** on a priority basis at **P.D.E.A's Sterling Hospital, Pune.**
- **Vice-Principal Dr. Pravin Cholke is admitted** at **P.D.E.A's Sterling Hospital, Pune** on a priority basis during Covid-19 Pandemic.

BILL ASSESSMENT SHEET - HOSPITAL PAYMENT

Intimation No	CIR/2021/151118/2346885	Bill Approved Date	
Insured Name	MR. PRAVIN BHAGWAT CHOLKE	Policy No	P/151118/01/2021/003966
Claimant Name	MR. PRAVIN BHAGWAT	Certificate of Insurance No.	
DOB/Age	28/02/1969 - 51 years	Product Name	Family Health Optima Insurance - 2017
Address :	E-1/653 NISARG HOUSING SOCITY MHADA MORWADI PIMPRI MORWADI, PIMPRI CHINCHWAD Pincode : 411018 PUNE MAHARASHTRA Telephone : 8605702004	Policy Period	07-06-2020 to 06-06-2021
Sum Insured	500000	Hospital Name	Sterling Multispeciality Hospital
Bonus	155000	Hospital Address	Sec. No.27, Meas Bhel Chowk, Pradhikaran PUNE - 411044 Maharashtra
Copay %	0.0%	DOA	17-03-2021
SM Code / Name	SH9476 / PATIL BHIKANRAO RAMRAO	DOD	24-03-2021
Intermediary Code / Name	BA0000071000 / Mr.AMOL KUDE	Final Diagnosis	COVID 19,
		ICD Codes Desc	U07.1, 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			7			7	
2	Investigation & Diagnostics			15200	2400		12800	Left part of pkg charges
3	a.ii) Medicines - outside Hospital			61609	19602		42007	Refer Note #1
4	Package Charges			28000			28000	

SNo	Nature of Expenditure	Bill No	Bill Date	Amount Claimed	Amount Disallowed		Approved Amount	Disallowance Reasons / Remarks
					Non Payable (A)	Proportionate Deduction (B)		
Total				104816				
Deductibles (A + B)					22002			
Hospital Discounts								
Deductions								
NET AMOUNT (Total - Deductibles, Hospital Discounts & Deductions)							82814	

Amount claimed	104816
Total Deductions	22002
a. Non payable	22002
b. Proportionate Deductions	0
Approved Amount (after Total Deductions)	82814
Less: Hospital Discounts	0
Less: Other deductions	0
Net Amount (Approved amount - Hospital discounts and other deductions)	82814
Amount considered	82814
Co-Pay Amount	0
Amount considered after co pay	82814
Exceeds sub limit	0
Less: Amount settled by other Insurer	0
Exceeds Sum Insured	0
Amount payable	82814
Claim Restrictions	0
Preauth approved amount	82814
Amount payable to Hospital	82814
Less: Network Hospital Discount	6480
Net Amount payable to Hospital	76334

Consolidation Summary

Section	Amount
Total amount claimed	104816
Hospitalisation payable amount	76334
Pre hospitalisation payable amount	0
Post hospitalisation payable amount	0
Add on Benefit(Hospital Cash / Patient care)	0
Total Claim Payable Amount	76334

# Remarks	
Note	Disallowance Reasons / Remarks
#1	COVIFAR INJ per inj 2360 allowed - max 6 inj alone paid as per icmr and Cap,mask,tegaderm,bed sheet,gloves,disposable charges. and imualfa not indicated s per icmr