BILLING CARD

MH/ PRINT / 0007 / BILL / FO

INSURANCE

Patient Name : Mr.PARTHIBAN G
27/Male/MH28673
02/10/2024/IPM2024000911

IP No. : Dr.MEDWAY HOSPITAL

Room No. :

D.O.A. 02/10/24 Time 3.30pm

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/10/24	5pm	BR	OT	
2/10/24	6.30pm	OT	1st Floor (111)	Anitha 3214

OPERATION THEATRE

Date : 2/10/24
Surgeon : Dr. Shanthi
Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist :
OT Nurse : Jaison / Bavani
Name of Surgery : Lipoma excision on (R) hand under Local anaesthesia.

OT No. : 1
Start Time : 5.30pm
End Time : 6.00pm
Dis. Pack :
Diathermy : Used
C-Arm :
Arthroscopy :
Laproscopy :
Sevoflurane / Isoflurane :
Inj. Fentanyl :
Others :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

	OT. No. :
Date :	Start Time :
Surgeon :	End Time :
I Asst. Surgeon :	Dis. Pack :
II Asst. Surgeon :	Diathermy :
III Asst. Surgeon :	C-Arm :
Anaesthetist :	Arthroscopy :
OT Nurse :	Laproscopy :
Name of Surgery :	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

Date	

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Bill Amt. Rs. Rs. 3159.00	NIL
BILL CLEARED :	
RETURNS CHECKED : 2nd 3 Oct 3 6.37pm	

Other Procedures : (specify) :-

Wound care ok -> Multiple Lipoma Excised.

3/10/07

3/10/07

Admission Officer :

Sister In-charge

PARAMOUNT HEALTH SERVICE & INSURANCE TPA PRIVATE LIMITED
(IRDA License No.006) Validity: From 21-03-2023 to 20-03-2026

Plot No.A-442,Road No-28,M.I.D.C Industrial Area,Wagale Estate,Ram Nagar, Vitthal Rukhumani Mandir, Thane-400604 Tel-(022)-66620808, Fax No-68342754, E-mail contact.phs@paramounttpa.com.

Branch Code : 022

Cashless Authorization Letter
(Part-D)

Date: 03/10/2024 09:31:10 PM

Claim Number: **7013446** (Please quote this number for all further correspondence)

Authorization is valid for admission up to 03/10/2024

MEDWAY HOPSITALS Pc7, Pc7a, Block No-4, Bharathi Salai Mogappair West Nolambur,Chennai,Tamil Nadu-600037 Rohini Id : 8900080475298	Name of Insurance Company : The Oriental Insurance Company Ltd
	Name of TPA : Paramount Health Services & Insurance TPA Pvt. Ltd.
	Proposer Name : PARTHIBAN G
	Patient's Member : PARTHIBAN G
	ID/TPA/Insurer ID of the Patient : 40605485
	Relation With Proposer : Employee
	Corporate Name: HEXAWARE TECHNOLOGIES LIMITED

Dear Sir /Madam,
This has reference to the last documents received for pre-authorization request on 03/10/2024 08:45:36 PM. We hereby authorize cashless facility as per details mentioned below.

Patient Name : PARTHIBAN G	Age : 32	Gender : MALE
Policy Number : 590000/48/2025/893	Expected Date of Admission : 02/10/2024	
Policy Period : 24/05/2023 23/05/2025	Expected Date of Discharge : 04/10/2024	
Room category : ROOM RS 2250/- MAX Category as per T&C of Policy Contract	Estimated Length Of Stay : 1	
Provisional Diagnosis : Multiple Lipoma On Right Hand	Proposed line of treatment : Multiple Lipoma On Right Hand	

Claim Remarks:

Authorization Details :-

Claim No	Policy No	Date & Time	Reference number	Amount	Status
7013446	590000/48/2025/893	03/10/2024 05:40	5507681	15000	Authorized
7013446	590000/48/2025/893	03/10/2024 09:31	5508641	11176	Authorized

Total Authorized amount:- Rs 26176 (TWENTY SIX THOUSAND ONE HUNDRED AND SEVENTY SIX)

Authorization Remarks: Standard non medical expenses are deducted. Claim will be settled as per agreed tariff policy t&c, irrespective of al amount issued.

Hospital Agreed Tariff

I **Package Case:**
- Agreed Package Rate : NA

II **Non-package Case:**
- i. Room Rent/day : NA
- ii. ICU Rent/day : NA
- iii. Nursing Charges/day : NA
- iv. Consultant Visit Charges/day : NA
- v. Surgeon's fee/OT /Anesthetist : NA
- vi. Others (specify) : NA

Authorization Summary:

Total Bill Amount	: 33993	
*Other Deductions	: 5370	
Discount	: 2448	(Not to be collected from insured.)
Co-Pay	: 0	
Deductibles	: 0	
Total Authorised Amount	: 26176	
Amount to be paid by insured	: 5370	