

Medical  
TVS discharge on 23/9/24 MHI/DP/2022/104



# BILLING CARD



Patient Name

Ms. POOJITHESWARI G

21/Female/MH51965

IP No.

21/09/2024/PI12024002230

Room No.

Dr. J. PALANIAPPAN

D.O.A. 21/9/24 Time 7:13 PM



## TRANSFER DETAILS

Rent Per Day 113.

Date	Time	From	To	Nurse's Signature
21/9/24	20:00	Admission	1st Floor	[Signature]

## OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. morphi:
	Others :

## MONITOR

## INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

## OXYGEN

## SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

## ALPHA BED

## SCD PUMP

## VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

## OPERATION THEATRE

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

[illegible]

[illegible]



CONSULTANT NAME	Date	Date	Date	Date	Date	Date
DR. SRIVIDHYA (Surgeon)	22/9/24					
Dr. Chandraosini (Gynaec)	22/9/24					
DR. PANDIAPPAN	23/9/24					
Mrs. Catherine (Partition)	23/9/24					
PHARMACY			AMBULANCE			
OT DRUGS REPLACED :						
BILL CLEARED : 5101.00			T-42,712			
RETURNS CHECKED :			ADV - N11			
CROSS MATCHING :			Singreform - 2 days			
RESERVATION PF BLOOD :						
STERILE TRAY USED :						
TRANFUSION ( BLOOD )						
ATTENDER'S HOLDING :						
OTHER PROCDURES :						
Admission Officer : [Signature]			[Signature] Sister In-charge			

## Cashless Authorization Letter

(Part-D)



Printed on 24/09/2024

Date : 24/09/2024

Claim Number: CHE-0924-PA-0002718 (please quote this number for all further correspondence)

Authorization is valid for admission up to 21/09/2024

MEDWAY MEDICAL CENTRE	Name of Insurance Company : UNITED INDIA INSURANCE COMPANY LTD
NEW NO. 8 OLD NO. 22 4TH CROSS STREET	Name of TPA : Vidal Health Insurance TPA Pvt Ltd
TRUSTPURAM KODAMBAKKAM NEAR MEENAKSHI	Proposer Name : POOJITHESWARI G
COLLEGE	Patient's MemberID / TPA/Insurer Id of the Patient : CHE-UI-S2202-001-0000980-A
Tamilnadu , 600024	Relation with Proposer : Self
044-24734343	
Rohini Id: 8900080347533	

Dear Sir /Madam ,

This has reference to the pre-authorization request submitted on 24/09/2024 01:29 PM , We here by authorize cashless facility as per details mentioned below:

Patient Name : POOJITHESWARI G	Age : 20	Gender : Female
Policy Number : 011200/28/24/P1/02303747	Expected Date of Admission : 21/09/2024	
Policy Period : 01-04-24 TO 31-03-25	Expected Date of Discharge : 24/09/2024	
Room category : Single Room	Estimated length of stay : 3 days	
Eligible Room Category as per T&C of Policy Contract : Single Room		
Provisional Diagnosis : LOWER ABDOMINAL PAIN	Proposed line of treatment : Medical management	
Insurer Claim Number :		

### Authorization Details :

Date and time	Reference number	Amount	Status
24/09/2024 01:59 PM	CHE-0924-PA-0002718	33664	Approved

Total Authorized amount:- Rupees Thirty Three Thousand Six Hundred and Sixty Four Only (in words)

### Authorization Remarks:

AUTHORIZATION LETTER HAS BEEN APPROVED AS PER FINAL BILL AND DISCHARGE SUMMARY . NON MEDICAL EXPENSES ARE NOT PAYABLE AS PER IRDA GUIDELINES .

NOTE : DISCOUNT APPLIED AS PER MOU . KINDLY DO NOT COLLECT DISCOUNT

AMOUNT FROM THE PATIENT .

KINDLY SUBMIT ICP NOTES , LAB REPORTS , FINAL BILL AND DISCHARGE SUMMARY FOR THE CLAIM.

A VALID PHOTO-ID PROOF IS MANDATORY DURING CLAIMS.

**Hospital Agreed Tariff:****I Package case :**

Agreed package rate :

**II Non -Package case :**

- i. Room Rent / day :
- ii. ICU Rent / day :
- iii. Nursing Charges / day :
- iv. Consultant Visit Charges / day :
- v. Surgeon's fee / OT / Anaesthetist :
- vi. Others (specify) :

**Authorization Summary:**

Total Bill Amount	: 45211.00	(INR)
*Discount	: 4521.00	(INR) (At the time of Final Authorization)
Excess of package amount: (Not to be collected from the insured)	: 0.00	(INR) (At the time of Final Authorization)
*Other Deductions	: 7026.00	(INR) (At the time of Final Authorization)
Co-Pay	: 0.00	(INR)
Co-Pay Buffer	: 0.00	(INR)
Deductibles	: 0.00	(INR)
Exceeds Policy Limit	: 0.00	(INR)
Policy Deductible Amount	: 0.00	(INR)
Total Authorised Amount:	: 33664.00	(INR)
Amount to be paid by Insured	: 7026	(INR) (At the time of Final Authorization)

**\* Discount & Other Deduction Details**

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	CONSULTATION	18000.00	2000.00	16000.00	, Rs.1800 deducted for discount.
2	LABORATORY INVESTIGATIONS	4511.00	451.00	4060.00	, Rs.451 deducted for discount.
3	MISCELLANEOUS CHARGES	4100.00	4100.00	0.00	DIET, ADMINISTRATION AND NUTRITION ASSESSMENT NOT PAYABLE
4	PHARMACY	5100.00	1396.00	3704.00	NON MEDICAL EXPENSES ARE NOT PAYABLE, Rs.510 deducted for discount.
5	ROOM/BOARDING EXPENSES	11000.00	1100.00	9900.00	, Rs.1100 deducted for discount.
6	SPE PROC CHARGES	2500.00	2500.00	0.00	STERILISATION AND DISINFECTION CHARGE NOT PAYABLE