> Discharge on 23/9/24MHI/DP/2022/104 **BILLING CARD**



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Medical

(1) Medway Hospitals[®]

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(A Unit of United Alliance Healthcar	Ms.POOJITHESWARI
Patient Name	21/Female/MH51965

21/Female/MH51965 21/09/2024/1P112024002230

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IP No	Dr. F.PALANIA	PPAN					.7.1570
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III Asst. Surg	jeon :			Diathermy	1		
Anaesthetis	t <u>:</u>			C-Arm	:		
OT Nurse	1			Arthroscopy			
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		Inj. Fentanyl	1 "
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CONSULTANT NAME	Date	Date	Date	Date	Date	Data	T
DR SRIVIDHYA	2219/24		- 489	Date	Date	Date	Date
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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

: UNITED INDIA INSURANCE COMPANY LTD MEDWAY MEDICAL CENTRE Name of Insurance Company Name of TPA : Vidal Health Insurance TPA Pvt Ltd NEW NO. 8 OLD NO. 22 4TH CROSS STREET Proposer Name : POOJITHESWARI G TRUSTPURAM KODAMBAKKAM NEAR MEENAKSHI Patient's MemberID / TPA/Insurer Id of the : CHE-UI-S2202-001-0000980-A COLLEGE Patient Relation with Proposer : Self Tamilnadu, 600024 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/P1/0 230 3747	Expected Date of Admission	: 21/09/2024
Palicy Period	è	01-04-24 TO 31-03-25	Expected Date of Discharge	: 24/09/2024
Room category	;	Single Room	The state of the s	
Eligible Room Category as per T&C of Policy Contract	397	Single Room	Estimated length of stay	: 3 days
Provisional Diagnosis	;	LOWER ABDOMINAL PAIN	Proposed line of treatment	: Medical management
Insurer Claim Number	i			

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 GUDILINES .

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:

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 Deductable 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