BILLING CARD

MH/ PRINT / 0007 / BILL / FO

INSURANCE

Patient Name: MR.KAMANANDHAN S
72/Male/MHM67077
30/09/2024/IPM2024000892
Dr.VAISHNAVI GANESAN

IP No. ____

Room No. ____

D.O.A. 30.9.24 Time 10:30 AM

Rent Per Day ____ 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/9/24	2.20pm	ER	3rd floor 303	R. Pradiba

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	:
		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

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	:
		Others	:

Date	LABORATORY
30/9/24	CBC, Urine R/E, Urine c/s, Blood G/S [7010]
1/10/24	C3K (7030)
1/10/24	Dengue NS1 TCM ELFA WIDAL (7043)
2/10/24	CBC, LFT (7063)
3/10/24	CBC, HbA1C (7095)

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

30/9/24	ECG [7011]		

CBG

30/9	CBG 1 [70523]		
1/10/24	1 (7052) & C		
2/10/24	5 (7068)		
3/10/24	CBG 6 (7096)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi	30/9/24	1/10/24	2/10/24	3/10/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Bill Amt. RS. 31972.00	
BILL CLEARED :	
RETURNS CHECKED : 2nd 2nd Oct 3 1.09pm.	

Other Procedures : (specify) :-

30/9 40 RDP given

1/10/24 => 20 STP (Tr.) done (chennai Blood)

=> 10 PRBC (Tr) done (medway)

3/10/24 — 10 PRBC (TR) transfusion done

Admission Officer 3/10

Sister In-charge 3/10

Cashless Authorisation Letter

Authorisation is Valid for Admission from 30/09/2024 To 07/10/2024

Date : 03/10/2024

Claim Number : MDI8898603

To,
The Medical Director,
Medway Hospitals
West Block No: 4, Pc7, Bharathi Salai, Mogappair West,
Nolambur Mogappair West

Phone : 044-26530011

Fax :

IC Name :	:	The New India Assurance Company Ltd
Name of TPA	:	MDIndia Health Insurance Pvt. Ltd.
Proposer Name	:	Life Insurance Corporation Of India
Patient's Member	:	Ramanandhan S
MD ID No	:	MDI5-0040436849
Relation with Propose	:	Employee

Rohini ID : 8900080475298 **EMP No :** 583009 **EMP Name :** Ramanandhan S

Dear Sir/Madam,
This has reference to the Pre-Authorization request submitted on 01/10/2024 , We hereby authorize Cashless facility as per details mentioned below:

Patient Name : Ramanandhan S	Age : 72	Gender : Male
Policy Number : 120700/34/24/04/00000008	Expected Date of Admission	: 30/09/2024
Policy Period : 01/04/2024 To 31/03/2025	Expected Date of Discharge	: 03/10/2024
Room Category : SINGLE A/C Eligible Room Category as per T&C of Policy Contract : Room is payable upto : 7500 Per day	Estimated Length of Stay	: 4
Provisional Diagnosis : TYPE 2 DM WITH PROLAPSED ACUTE MYELOID LEUKEMIA WITH PANCYTOPENIA	Proposed Line of Treatment	: Conservative

Authorization Details :

Date & Time	Reference Number	Amount	Status
02/10/2024 12:35:52PM	MDI8898603	62,800	INITIAL AI
03/10/2024 5:30:11PM	MDI8898603	43,738	FINAL AUTHORISATION

Total Authorized Amount:- Rs. One Lakh Six Thousand Five Hundred Thirty Eight Only.

Authorisation Remarks :
HOSPITAL DISCOUNT :- 8% discount on total bill for other than ppn package.

Please don't collect the hospital discount amount from patient / insured. As per the norms set by the regulator, the network hospital is suppose to mention the discount amount on the final hospital bill.
Please note that GIPSA PPN Network - Declaration Form duly filed and signed by the patient or patient attender, along with Authorized signatory and hospital seal is mandatory and should be attached in the Claim file.
Note# Kindly provide all IPD paper at the time of final bill and cashless settlement along with original claim file

Hospital Agreed Tariff :

I) Package Case :
Agreed Package Rate : 0

II)Non Package Case :

i) Room Rent/day	:	0
ii) ICU Rent/day	:	0
iii) Nursing Charges/Day	:	0
iv) Consultant Visit Charges/Day	:	0
v) Surgeon's fee/OT/Anaesthetist	:	0
vi) Others (specify)	:	0

Total = 118737
Approval = 106538
12199
Hos. Discount = 9499

Authorization Summary :

Total Bill Amount	:	118,737 (INR)
Other Deductions	:	2,700 (INR)
Discount	:	9,499 (INR)

2700
Advance = 5000
Payable = 2300
Refund.

Co-Pay	:	0 (INR)
Deductibles	:	0 (INR)
Total Authorized Amount	:	106,538 (INR)
Amount to be paid by Insured	:	2,700 (INR)

Other DeductionDetails :

Sr No	Particulars	Requested Amt	Deduction Amt	Reason	Payable Amt
1	Others	44300	0	As per Actual-BLOOD TRANSFUSION	44300
2	Medicines	34169	0	As per Actual	34169
3	Investigations - ANALYSIS	18018	0	As per Actual	18018
4	Bed/Nursing charges	8750	0	As Per Agreed Tariff	8750
5	Consultant Charges(Room)	10800	0	As Per Agreed Tariff	10800
	TOTAL	**116037**	**0**		**116037**
6	Others	2700	2700	Non-Payable-DISINFECTANT CHARGES admin	0
7	Others	0	0	Non-Payable	0
8	Discount	0	9499	Hospital Discount - TOTAL BILL	-9499
	TOTAL	**2700**	**12199**		**-9499**
		118737	**12199**	**Hospital Payable Amt —>**	**106538**

Please note that as per IRDAI regulations, Part 'C' is to be submitted for Pre-Authorisation. In the event, you have not submitted please note to submit the same along with the claim file

Terms and Conditions of Authorization

1. Cashless Authorization letter issued on the basis of information provided in Pre-Authorization form. In case misrepresentation/Concealment of the facts, any material difference/ Deviation/ discrepancy in information is observed in discharge Summary/ IPD records then Cashless Authorization shall stand null & void. At any point of claim processing Insurer or TPA reserves rights to raise queries for any other document to ascertain admissibility of claim.
2. KYC (Know your Customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh.
3. Network Provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except costs towards non admissible amounts (Including additional charges due to opting higher room rent eligibility choosing separate line of treatment which is not envisaged considered in package)
4. Network Provider shall not make any recovery from the deposit amount collected from the Insured except for cost towards Non-admissible amount (Including additional charges due to opting higher room rent than eligibility/ Choosing separate line of treatment which is not envisaged/ considered in package).
5. In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA/Insurance Company reserves the right to recover the same or get refunded to the policyholder from the Network Provider and/or take necessary action, as provided under the MoU.
6. Where a treatment/procedure is to be carried out by a Doctor/Surgeon of insured's choice (not empaneled with the hospital), Network Provider may give treatment after obtaining specific consent of policyholder.
7. Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

1. The Provider shall submit the final invoice and all supporting documentation required within 2 days of the discharge date.
2. All the network providers should capture and provide details of final bills/discharge summary/invoices as per IRDAI regulations
3. Cash memos from the hospitals/chemists supported by proper prescription.
4. Diagnostic test reports and receipts supported by note from the attending medical practitioner/surgeon recommending such diagnostic tests.
5. Surgeon's certificate standing nature of operation performed and surgeon's bill and receipt.
6. Certificates from attending medical practitioner/surgeon giving patient's condition and advice on discharge.

Name of the product : New India Flexi Floater Group Mediclaim

Head Office: S NO 46/1 E Space, A2 Building, 3rd Floor, Pune Nagar Rd., Vadgaonsheri, Pune - 411014 (India)
Cashless Tollfree No : 1800-209-7800 Cashless Fax No :020-25300030
Email : authorisation@mdindia.com , www.mdindiaonline.com