ING CARD

MH/ PRINT / 0007 / BILL / FO

Mr.RAMANANDHAN S
71/Male/MHM67378
05/10/2024/IPM2024000925
Dr.VAISHNAVI GANESAN

Patient Name _____

D.O.A. 05/10/24 Time 3.15 pm

IP No. _____

Rent Per Day 7500/-

Room No. ICU

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/10/24	5pm	ER	ICU	Rach

OPERATION THEATRE

Date :
Surgeon :
I Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist :
OT Nurse :
Name of Surgery :

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

MONITOR

Date	Start	Date	Disconnect
5/10/24	5pm		

INFUSION PUMP

Date	Start	Date	Disconn

OXYGEN

Date	Start	Date	Disconnect
5/10/24	5pm		

SYRINGE PUMP

Date	Start	Date	Disconn

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Discon

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
5/10/24	Peripheral Smear, Urea, Creatine, LFT, Blood CS, CRP, RCT (7182) ABG EGT (7313)
	Calcium, NT PROBNB (7185)
6/10/24	Urine RE (7195) Urine CS (7196) CBC, RFT, LFT
	LDH (7199) Urine Ketone (7204)
	Covi Influenza, Galactomannan (7212)
	(7211)
7/10/24	CBC, RFT, LFT, Lipid profile TFT (Free) (7228)
08/10/24	CBC, RFT, LFT (7261)
09/10/24	CBC, RFT, LFT (7296) ABG (7313) ABG (7227)

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

5/10/24	Chest xray B/s (7183)		
5/10/24	ECG (7183)		
6/10/24	CT Chest, CT Brain	(7216)	
6/10/24	2DECHO (7215)		
09/10/24	CXR B/S (7312)		

CBG

5/10/24	2 (7184) + 1 (7190)		
6/10/24	2 (7213) + 1 (7196)		
7/10/24	3 (7252)		
8/10/24	2 (7246) + 1		
9/10/24	(7307) + 2 (7312)		

CBG

PHYSIOTHERAPY Rs. 700/- per session

Date	
8/10/24	12:30 pm
9/10/24	12:30 pm

NEBULIZER

05/10/24	1		
06/10/24	1 + 1 + 1 + 1 + 2		
07/10/24	1 + 1 + 2 + 1 + 1		
8/10/24	1 + 2 + 2 + 1		
9/10/24	1 + 1 + 1 + 1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi	5/10/24	7/10/24	8/10/24	9/10/24			
Dr. Krishnaveni (Pulmo)	5/10/24						
Dr Karthik Haematology	5/10/24						
Dr. Sreenivasan Neurologist	6/10/24						
Dr Gunaraja.N	9/10 12pm						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Sale: Rs. 62363/-	Received
BILL CLEARED : (Insurance)	
RETURNS CHECKED : Time: 6.12 pm. 9/10/24	

Other Procedures : (specify) :-

CBD done in ICU Dr. Anil on 7/10/24 @ 12pm

Diet

OT Instruments

Endoscopy

colonoscopy

Admission Officer :

Sister In-charge

Cashless Authorisation Letter

Authorisation is Valid for Admission from 05/10/2024 To 12/10/2024

Claim Number : MDI8912890 Date : 09/10/2024

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 Lim
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 07/10/2024 , 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	: 05/10/2024
Policy Period	: 01/04/2024 To 31/03/2025	Expected Date of Discharge	: 09/10/2024
Room Category	: General Eligible Room Category as per T&C of Policy Contract :	Estimated Length of Stay	: 5
Provisional Diagnosis	: DM / LEUKEMIA / ISCHEMIC STROKE / PNEUMONIA	Proposed Line of Treatment	: Conservative

Authorization Details :

Date & Time	Reference Number	Amount	Status
07/10/2024 2:39:55PM	MDI8912890	52,000	INITIAL AL
09/10/2024 8:06:06PM	MDI8912890	136,656	FINAL AUTHORISATION

Total Authorized Amount:- Rs. One Lakh Eighty Eight Thousand Six Hundred Fifty Six Only.

Authorisation Remarks :
HOSPITAL DISCOUNT - 8% discount on total bill for other than pkg 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 filled 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 papers at the time of Final bill and cashless settlement along with original claim file

NA.....

Hospital Agreed Tariff :

I) Package Case :
Agreed Package Rate : 1,360

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

Authorization Summary :

Total Bill Amount	:	228,981 (INR)
Other Deductions	:	22,307 (INR)
Discount	:	18,318 (INR)

Co Pay	:	0	(INR)
Deductibles	:	0	(INR)
Total Authorized Amount	:	188,656	(INR)
Amount to be paid by Insured	:	22,007	(INR)

Other DeductionDetails :

Sr N	Particulars	Requested Amt	Deduction Amt	Reason	Payable Amt
1	ICU/Nursing charges	27000	0	As Per Agreed Tariff	27000
2	Visit Charges	27750	0	As Per Agreed Tariff	27750
3	Investigations - ANALYSIS	64864	0	As per Actual	64864
4	Oxygen (O2 / GASES)	12000	0	As per Actual	12000
5	Procedure	1300	0	As per Actual	1300
6	Investigations - RADIOLOGY	17300	0	As per Actual	17300
7	Medicines	66617	9857	Non-Medical- UNDERPAD, WIPES, LOX JELLY, DIAPER, CROCHETER, VENFLON	56760
	TOTAL	216831	9857		206974
8	Others	2000	2000	Non-Payable- DISINFECTANT CHARGES	0
9	Discount	0	18318	Hospital Discount - TOTAL BILL	-18318
10	Instrument/monitor/pulse	9450	9450	Non-Payable- NEBULIZER, MONITOR	0
11	Administration charge	700	700	Non-Payable	0
	TOTAL	12150	30468		-18318
		228981	40325	Hospital Payable Amt -->	188656

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 as per 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 stating 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