INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Child.THANUVARSHINI K S
7/Female/MHM67580
30/09/2024/IPM2024000899
Dr.DHANASEKHAR K

IP No. _____

Room No. _____

D.O.A. 30/09/24 Time 10:00 pm

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/9/24	10.40 pm	ER	3rd floor (302)	

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
5/10/24	11 Am	7/10/24	6AM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
5/10/24	4pm.	6/10/24	10am

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, LFT, Bld Gs, CRP (7027)
1/10/24	Dengue NS1 Elisa (7034)
2/10/24	CBC, LFT (7062)
3/10/24	Platelet, PCV (7093)
4/10/24	Platelet, PCV, CRP, LFT (7120)
4/10/24	PCV / HB (7142)
5/10/24	Blood Grouping RH Typing (7176)
6/10/24	HB, PCV, Electrolytes, SGOT, SGPT (7189)
[illegible]	CBC (7197)
5/10/24	CBC — 7163
6/10/24	CBC — 7203
7/10/24	CBC — 7230

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

30/9/24	Chest X-ray (7028)		

CBG

5/10/24	CBG - 7197		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

3/10/24	(2) + (7) 2/10/24,		9
4/10/24	(2) + (2) (1)		
5/10/24	(1) + 1		
20/9/24	(2)		
1/10/24	9		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Dhanasekaran	1/10/24	2/10/24	3/10/24	.			
Dr. Raashidha			4/10/24	5/10/24	6/10/24	7/10/24	
Dr. muthaiya				5/10/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Bill Amt. Rs. 10016.00	
BILL CLEARED :	
RETURNS CHECKED : 2248 Oct 07 8.52pm	

Other Procedures : (specify) :-

Platelet Transfusion 5/10/24 at 8pm.
10 Done (from Medway Blood Bank)

Admission Officer : 3242

D. Nagam 3238
Sister In-charge

SAFEWAY INSURANCE TPA PVT LTD

815, Vishwa Sadan, District Centre, Janak Puri, New Delhi - 110058

Ph No. : +91-11-45451300, Website: www.safewaytpa.in

Cashless Authorization Letter (Part - D)

Claim no : NI-18-248515 (Please quote this number for all further correspondence) Date : 07/10/2024

Authorization is valid for admission up to : 14/10/2024

Medway Hospitals PC7, PC7A, West Block No 4, , Bharathi Salai, Mogappair West, Nolambur , CHENNAI, TAMILNADU, 600037 Rohini id : 8900080475298	Name of Insurance Company : NATIONAL INSURANCE COMPANY LTD Name of TPA : Safeway Insurance TPA Pvt. Ltd. Proposer Name : UNION BANK OF INDIA EmpName/EmpCode :G DEVI/464212 Patient's MemberID/TPA/ Insurer Id of the Patient : NI1800942134 Realtion with Proposer : DAUGHTER

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 : THANUVARSHINI K.S. Policy Number : 251100/50/23/10000190 Policy Period :01/10/2023 to 30/09/2024 Policy Product :TAILOR MADE GROUP MEDICLAIM UIN : Room category :General Ward Eligible Room Category as per T&C of Policy Contract :General Ward Provisional Diagnosis :Fever, unspecified	Age : 6 Gender : F Expected Date of Admission :30-09-2024 Expected Date of Discharge : 07-10-2024 Expected length of stay :1 Proposed line of treatment :Conservative

Authorization Details:-

Date & Time	Reference Number	Amount	Status
10/1/2024 6:39:37 PM	NI-18-248515	20000.00	Initial
10/4/2024 6:43:57 PM	NI-18-248515	35000.00	Mid-Enhancement
10/7/2024 8:10:07 PM	NI-18-248515	81246.00	Final

Total Authorized amount:- Rs. Eighty One Thousand Two Hundred and Forty Six rupees only

Authorization Remarks :
Covered for conservative management based on the details furnished for processing. Discount deducted as per MOU . Claim settlement will be done as per agreed Tariffs unless specified in the AL. Irrelevant and unrelated investigations are deducted

Hospital Agreed Tariff:

I. Package case

Agreed Package Rate : 0

II. Non-package Case:

i. Room Rent/day : 21000/1

ii. ICU Rent/day : 0/1

iii. Nursing Charges/day : 0/1

iv. Consultant Visit Charges/day : 24000/1

v. Surgeon's fee/OT/Anaesthetist : 0/1

vi. Others (specify) : 1000/1

Authorization Summary :

Total Bill Amount : 92253
Other Deduction : 4570
Discount (Not to be collected from the Patient) : 6437
CO-Pay : 0
Deductibles : 0
Total Authorised Amount :81246
Amount to be paid by Insured : 4570

Other Deduction Details :

Sr no	Description	Bill Amt	Deducted Amt	Admissible Amt	Deduction Reason
1	ROOM RENT + NURSING+ RMO	21000	0	21000	
2	ASS. SURGEON FEE	0	0	0	
3	CONSULTANT VISIT	24000	0	24000	
4	INVESTIGATION (RADIO+PATHO)	30774	0	30774	
5	ICU+NURSING+RMO	0	0	0	
6	SURGEON FEE	0	0	0	
7	PACKAGE CHARGES	0	0	0	
8	IMPLANT	0	0	0	
9	OT CHARGES	0	0	0	
10	ANAESTHETIST	0	0	0	
11	MEDICINE	11779	870	10909	URINE CAN, ETC DEDUCTED
12	OTHERS	4700	3700	1000	ADMINST, DISINFECTANT, MONITOR

TOTAL BILL = 92253
APPROVED = 81246
11007
DISCOUNT = 6437
4570
ADVANCE = 5000
REFUND = 430