BILLING CARD

Mr.SUBRAMANIAN V G
67/Male/MHMC2301176
29/08/2024/IPM2024000757

Patient Name Dr.VAISHNAVI GANESAN

D.O.A. 29/8/24 Time 5.00 pm

IP No. ____

Room No. V13

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/8/24	7.35pm	ER	1st Floor Room 113	Perpetual
30/8/24	4.45pm	1st Floor 113	ICU	Jancy 3198
3/9/24	3.55pm	ICU	IIIrd Floor.	Ida 3187

OPERATION THEA TRE

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
20/8/24	5Pm	3/9/24	3.55pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
30/8/24	5Pm	02/9/24	6pm
02/9/24	10.20pm	03/9/24	6.15Am

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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
29/8/24	CRP, Urine R/E, ~~PCT~~, S.PSA (6139)
	Blood C/S, Urine/C/S. (6140)
30/8/24	Trop I. ~~C-KMB~~, CPK. (6162) ~~ABG (6178)~~
	~~RFT~~, ~~LFT~~, ~~CBC~~, (6169) ~~PT~~ ~~aPTT~~ ~~NT proBNP~~ (6182)
	~~VBG~~ (6187)
31/8/24	~~TC~~, ~~HB~~, ~~RFT~~ (6199), ~~ABG~~ (EGT) – (6208)
31/8/24	Stool occult blood (6212) ~~ABG~~ E6T (6226)
01/9/24	ABG ~~E6T~~ (6226) CBC, RFT ~~HB~~ (6227)
	Covi influenza viral panel (6240)
2/9/24	~~RFT~~ (6248) ~~ABG~~. (6258)
3/9/24	CBC, CRP, RFT, LFT (6269)
4/9/24	~~TG~~, ~~Urea~~, ~~Creatinine~~, ~~K+~~ ~~Na+~~ (6298)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
30/8/24	ECG, ECHO, USG (6161) (6160) KUB		
30/8/24	Chest x-ray (6179) BEDSIDE		
30/8/24	CT Abdomen & pelvis & CT Chest plan done by yozliseo (6187)		
31/8/24	CXR (B/S (6195)		
31/8/24	ECG (6207)		
1/9/24	Chest xray (Bedside) (6243)		
2/9/24	Chest x-ray Bedside (6257)		

CBG				CBG			
29/8/24	1 (6141)						
30/8/24	3 (6169) + ① (6187)						
31/8/24	2 (6208) + 1 (6226)						
1/9/24	2 (6241) + 1 (6249)						
2/9/24	2 (6258) ① (6268)						
3/9/24	② (6301)						
4/9/24	① (6302)						

PHYSIOTHERAPY Rs. 700/- per Session

Date	
2/9/24	12:00pm
3/9/24	12:00pm

NEBULIZER (10)				NEBULIZER			
31/8/24	1+1						
1/9/24	2+1						
2/9/24	① + ① + ①						
3/9/24	① + 1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Karthikeyan (ORO)	29/8/24						
Dr. Vaishnavi	29/8/24	30/8/24	31/8/24	2/9/24	3/9/24	4/9/24	
DR. Shivachandhuga caldy		30/8/24	31/8/24				
DR BABU VINISH		30/8					
DR. Jayaja.h	30/8/24						
Dr. Raj Mohan	30/8/24						
Dr. Elakiya.	31/08/24						
Dr. Sreenivasan (Neurology)	3/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 3799/-	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

29/8/24 CBD done By : Dr. Karthikeyan SSR (ORO)

Admission Officer :

Sister In-charge

Final Cashless authorization for hospitalization of Subramanian V G under Pre Authorization number:24083100161

donotreply@fhpl.net <donotreply@fhpl.net>

Wed 9/4/2024 7:05 PM

To:Medway Mogappair Insurance <medwayinsurance.mog@medwayhospitals.com>
Cc:jayanthi.r@globalinsurance.co.in <jayanthi.r@globalinsurance.co.in>;yuvaraj.s@fhpl.net <yuvaraj.s@fhpl.net>; chennaicrm3@fhpl.net <chennaicrm3@fhpl.net>;gopi.elumalai@fhpl.net <gopi.elumalai@fhpl.net>; Saravanan.Subramanian@thryvedigital.com <Saravanan.Subramanian@thryvedigital.com>

Cashless Final Authorization Letter

Date: 9/4/2024 7:04:28 PM

Dear Provider Partner ,
This has reference to the pre-authorization request submitted on 8/31/2024 10:49:16 AM
Claim Number:24083100161(Please quote this number for all further correspondence)

Authorization is valid for admission up to 9/5/2024 12:00:00 AM or expiry of the policy date whichever is earlier

Name of Hospital	: MEDWAY HOSPITALS		
Address	: PC7, PC7A, BLOCK NO: 4, BHARATHI SALAI, MOGAPPAIR WEST, NOLAMBUR , Mogappair , Ambattur Mogappair	Name of Insurance Company	: Oriental Insurance Co. Ltd
		Name of TPA	: Family Health Plan Insurance TPA Limited
		Proposer Name	:
City	: Chennai	Patient's Name	: Subramanian V G
District	: CHENNAI	Insurer Id of the Patient	: OIC40415281
State	: Tamil Nadu	Relation with Proposer	: Father
PinCode	: 600037		
Rohini ID	: 8900080475298		

We here by authorize cashless facility as per details mentioned below :

Patient Name	: Subramanian V G	Age(Years)	: 66
Policy Number	: 411900/48/2024/622	Gender	: Male
Policy Period	: 12-01-2024 - 11-01-2025	Expected Date of Admission	: 8/29/2024 12:00:00 AM
Room category	: ICU	Expected Date of Discharge	: 9/4/2024 11:59:59 PM
Eligible Room Category as per T&C of Policy Contract	: ICU	Estimated length of stay (Days)	: 7
Provisional Diagnosis	: Urinary retention	Proposed line of treatment	: Medical
Corporate Name	: Thryve Digital Health LLP	Branch Code	:

Authorization Details:

Date & Time	Reference number	Amount	Status
31/08/2024 -10:49	24083100161-1	48000.00	Approved

Date & Time	Reference number	Amount	Status
31/08/2024 -11:55	24083100161-2	32000.00	Approved
03/09/2024 -15:58	24083100161-3	56000.00	Approved
04/09/2024 -19:04	24083100161-4	160312.00	Approved

Total Authorized amount:- Rs:160312.00(One Lakhs Sixty Thousand Three Hundred and Twelve)

Authorization Remarks :
Covered for Surgical Management. Total approved amount Rs.160312- NME Deducted Rs.11624 /- Collect 20% copay RS 40077 Discount Deducted Rs.13528 /- (Discount Do not collect from the member)

Hospital Agreed Tariff:

I. **Package case:**
- i. 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/Anesthetist :
- vi. Others (specify) :

TOTAL BILL : 225541
APPROVED : 160312
65,229
HOSPITAL DIS : 13528
51701
ADVANCE : 5000
46701.

Authorization Summary

Total Bill Amount	: 225541.00
*Other Deductions	: 11624.00
Discount	: 13528.00
Co-Pay	: 40077.00
Deductibles	: 0.00
Total Authorized Amount	: 160312.00
Amount to be paid by insured	:

***Other Deduction Details:**

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	ICU Charges	24000.00	0.00	22080.00	
2	Room Rent	6000.00	2000.00	3680.00	2000.00/- Restricted to agreed tariff,
3	Nursing Charges	2000.00	0.00	1840.00	
4	Consultation	35000.00	0.00	32200.00	
5	Medicines Supplied By Hospital	50938.00	6924.00	44014.00	6924.00/- Gallant skin blade 324 Gloves 2748 Under pad 1440 Uro meter 572 Bed sheet 45 Gauze 340 Easy fix 188 Mask kit 33 Mask kit 250 Diaper 325 Bed bath wipes 197 Kidney Tray 102 Uro bag 360,