

Dr. Gnanavelu

# INSURANCE

CAG

MHI/DP/2022/104



## BILLING CARD SAFETY FIRST



Patient Name \_\_\_\_\_  
IP No. \_\_\_\_\_  
Room No. \_\_\_\_\_

Ms. JAYANTHI G  
57/Female/MHI202376437  
04/10/2024/IP112024002341  
Dr. G. GNANAVELU

D.O.A. 4/10/24 Time 10.40 AM

### TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
4/10/24	10:45	Admission	RL	Dr. 0377
4/10/24	12:00	RL	CATH	Dr. 0377
4/10/24	1:00 PM	Cath Lab	RL	

### OPERATION THEATRE

Date	: 4/10/24	OT No.	: Cath Lab
Surgeon	: Dr. G. G.	Start Time	: 12:28 PM
I Asst. Surgeon	:	End Time	: 12:40 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: A. G. G. R. R.	Arthroscopy	:
Name of Surgery	: CA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

### MONITOR

### INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

### OXYGEN

### SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

### ALPHA BED

### SCD PUMP

### VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

## Cashless Authorization Letter

(Part-D)



Printed on 04/10/2024

Date : 04/10/2024

Claim Number: CHE-1024-PA-0000440 (please quote this number for all further correspondence)

Authorization is valid for admission up to 04/10/2024

B-MEDWAY MEDICAL CENTRE	Name of Insurance Company	: ROYAL SUNDARAM GENERAL INSURANCE CO LIMITED
NEW NO. 8 OLD NO. 22 4TH CROSS STREET	Name of TPA	: Vidal Health Insurance TPA Pvt Ltd
TRUSTPURAM KODAMBAKKAM NEAR MEENAKSHI	Proposer Name	: RAMESH G
COLLEGE	Patient's MemberID / TPA/Insurer Id of the Patient	: CHE-RS-T1112-001-0000080-B
Tamilnadu , 600024	Relation with Proposer	: Mother
044-24734343		
Rohini Id: 8900080347533		

Dear Sir /Madam ,

This has reference to the pre-authorization request submitted on 04/10/2024 12:31 PM , We here by authorize cashless facility as per details mentioned below:

Patient Name	: JAYANTHI G	Age	: 56	Gender	: Female
Policy Number	: HG00002393000108	Expected Date of Admission	: 04/10/2024		
Policy Period	: 27-04-24 TO 26-04-25	Expected Date of Discharge	: 05/10/2024		
Room category	: Semi-Private Shared	Estimated length of stay	: 1 days		
Eligible Room Category as per T&C of Policy Contract	: General Multi-Bed	Proposed line of treatment	: surgical management		
Provisional Diagnosis	: ATYPICAL CHEST PAIN	Insurer Claim Number			

### Authorization Details :

Date and time	Reference number	Amount	Status
04/10/2024 05:53 PM	CHE-1024-PA-0000440	18000	Approved

Total Authorized amount:- Rupees Eighteen Thousand Only (in words)

### Authorization Remarks:

ENHANCED AS PER FINAL BILL

**Hospital Agreed Tariff:****I 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	: 18000.00	(INR)
*Discount	: 0.00	(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	: 0.00	(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 Deductible Amount	: 0.00	(INR)
Total Authorised Amount:	: 18000.00	(INR)
Amount to be paid by Insured	: 0	(INR) (At the time of Final Authorization)

**\* Discount & Other Deduction Details**

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	PACKAGE CHARGES	18000.00	0.00	18000.00	.