Ref: Dr. Jaishankar

Mrs.UMA.S
59/Female/MHI202378449
06/10/2024/IP112024002355
Dr.KAILASH A JAIN

INSURANCE Self 15 1 58
Discharge on 14/10/24

AVR CABG

MHI/DP/2022/104

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

Medway Heart Institute
Where heart beat never stops...

Patient Name ______ CCU - 2

IP No. ______ Ward - 6.5

Room No. ______

D.O.A. 06/10/24 Time 10:11AM

Rent Per Day 103 (S)

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
6/10/24	11:00	ADMISSION	1st FLOOR	[signature]
7/10/24	7:00	1st floor 102	CTOT	Hay 0088
7/10/24	15:45	CTOT	SIW	[illegible] 341
9/10/24	2:00	SICU	114	910364

OPERATION THEATRE

Date : 7/10/24		OT No. : OT - I	
Surgeon : Dr. Kailash		Start Time : 8.15 AM	
I Asst. Surgeon : Dr. Ghayoor		End Time : 15.45	
II Asst. Surgeon : –		Dis. Pack : –	
III Asst. Surgeon : P/A Savitha		Diathermy : used	
Anaesthetist : Dr. Shapna		C-Arm : –	
OT Nurse : Kanika / Mala / Christy		Arthroscopy : –	
Name of Surgery : CABG + AVR (open heart)		Laproscopy : –	
GA, mani man saw drill used		Sevoflurane / Isoflurane : 3 HRS ~~30 MINS~~	
CTOR glass to be charged Arterial filter Rs 4061 to be charged		Inj. Fentanyl : 2ml 10ml/inj. monphi:	
Aortic cannula 22Fr Rs 4450 to be charged		Others : 1.2 mm Aortic Magnacase charged	

MONITOR

Date	Start	Date	Disconnect
7/10/24	15:50	9/10/24	14:00

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
7/10/24	15:50	9/10/24	14:00

SYRINGE PUMP

Date	Start	Date	Disconnect
7/10/24	15:50	8/10/24	4:00
7/10/24	15:50	8/10/24	5:00
7/10/24	15:50	8/10/24	6:00
7/10/24	15:50	9/10/24	1:30
10/10/24	17:30	10/10/24	19.30

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP / VENTILATOR

Date	Start	Date	Disconnect
7/10/24	15:50	8/10/24	7:30

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
8/10/24	PT, INR, UREA, CREATININE, LFT, CBC, Na^+, K^+ (13180)
10/10/24	CBC, RFT (13315)
~~11/10/24~~	~~PT, INR, CBC, UREA, CRT, Na^+, K^+ (13360)~~
11/10/24	PT - INR (3360)
12/10/24	kebone (3447)
14/10/24	PT - INR (3349)

(2) (1) (3)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
7/10/24	Chest X-Ray Rk-(13165)	7/10/24	Warmer started at 15:50 to 17:50 (2 HRS)
7/10/24	ECG 2p (13165)		
8/10/24	ECG Ip (13180)		
8/10/24	chest xray A/P B/S - (13212)		
10/10/24	USG Abdomen (3334).		
12/10/24	ECG, X-RAY (3395)		
14/10/24	ECHO (3438)		
14			

CBG (29) · **ABG** (14) · **ACT** (6)

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
6/10/24	1+1 (3311)	10/10/24	~~1~~	07/10/24	5(3164) OT	07/10/24	6(3164) OT
7/10/24	1 (3311)	11/10/24	1+1+1	7/10/24	2 (13165)		
8/10/24	2 (13180)	12/10/24	1+1+1+1	8/10/24	1 (13180)		
8/10/24	2 (13212)	13/10/24	1+1+1	8/10/24	2 (13184)		
9/10/24	3 (13238)	14/10/24	1+1	8/10/24	1 (13212)		
9/10/24	2 (13256)		(3446)	9/10/24	1 (13238)		
9/10/24	1 (13264)			9/10/24	1 (13256) ✓		
9/10/24	1 (3311)			10/10/24	1+1 (3335) ✓		
10/10/24	1+1 (3311)						

Date	PHYSIOTHERAPY
7/10/24	16:00
8/10/24	9:00 / 16:00 / 22:15
09/10/2024	6:15 / 9:00 / 17:30
10/10/2024	10:00 / 17:00
11/10/24	10:00 / 18:00
12/10/24	10:45 / 16:45
13/10/24	10:30 / 16:10
14/10/24	10:45

NEBULIZER — NEB: duolin + Inj. mucomix NEB: Budecort / Asthalin

DATE	NUMBERS	DATE	NUMBERS
7/10/24	1+1	7/10/24	1+1
8/10/24	1+1+3	8/10/24	1+1
9/10/24	1+1+1	9/10/24	1+1
~~10/10/24~~	~~1+1+1~~	~~10/10/24~~	~~1+1~~
~~11/10/24~~	~~1+1+1~~	~~11/10/24~~	~~1+1~~

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. KAILASH	6/10/24	7/10/24	8/10/24	9/10/24	10/10/24	11/10/24	12/10/24
DR. PURUSOTHAMAN	6/10/24						
Dr. palaniappan	10/10/24	12/10/24					
DR. KAILASH	13/10/24	14/10/24					
Mrs. Catherine (Dietitian)	6/10/24	8/10/24	9/10/24	11/10/24	13/10/24		
Ms. Sevatthal (Phy)	10/10/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 248257/ Sarath 14/10/2024 RETURNS CHECKED :	T - 7,70,000 Adv - 2,50,000

CROSS MATCHING :

RESERVATION PF BLOOD : 4 ⓘ per Reservation done 6/10/24.

STERILE TRAY USED : SR TRAY ⓘ no, used in SW on 8/10/.
SR tray ⓘ used

TRANFUSION (BLOOD) 1ⓘ PRBC was transfused in SICU on 07/10/24.

ATTENDER'S HOLDING :

OTHER PROCDURES : TEE PROBE - 4D

PPN Package So Bill Closed on single line only

Admission Officer : [signature] | Sister In-charge [signature]

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM,
KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
08/10/2024	**AUC/WS672 1/1**
Terms: **WHOLE SALES**	Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ	DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	EDWARDS 3300TFX21MM MAGNA EASE AORTIC-21MM	1	30049099	11422249	03/28	1	0	5 %	13822.82	276456.3	290279.1	276456.30

ITEMS : 1 QTY : 1 BASE :276456.30 SGST : 6911.41 CGST : 6911.41 GST : 13822.82 Goods Value: 276456.30

Category	Gross	CGST	SGST	Amount	P(Disc)	DB		
5 %	276456.30	6911.41	6911.41	290279.12		CR		
						CD	0.00	0.00
					Rounded Net Amount			**290279.00**
					AXIS A/C : 922030011606851 IFSC : UTIB0001165			

Amount In Words : Two Lakhs Ninety Thousand Two Hundred Seventy Nine Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-UMA-IP-2024002355-DR.KAILASH A JAIN

Customer Outstanding: **127957831.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP125101780

Date :14 Oct 2024

To,

The Administrator / Medical Superintendent,
Medway Hospital (A Unit Of United Alliance Healthcare Pvt Ltd),
8/22 , 4th Cross Street, Trustpuram Kodambakkam,
Hospital ID : (113023)
Rohini Id :8900080347533

Dear Partner,

With reference to your request (125101780) for final cashless pre-authorization, we here by authorize INR **482325** against your final bill amount INR **769250**
The details of the pre-authorization are as follows:

Patient Details

Patient Name	Uma S
Relation to Primary Beneficiary	Mother
Age	60
Gender	F
Insurance Company	National Insurance Co. Ltd
Medi Assist ID	4033365321
Policy Holder	CES Limited
IP No	
Policy No	550300502310091464
Policy/Plan Period	31 Mar 2024 to 30 Mar 2025
Primary Beneficiary	Vijayaraghavan Sivaramakrishnan
Insurer Claim No	
Insurer Member ID	

Treatment Details

Provisional Diagnosis	Atherosclerotic heart disease of native coronary artery without angina pectoris
Expected/Actual Date Of Admission	06 Oct 2024
Treating Doctor	RAJESH
Procedure / Treatment Planned	CABG-Coronary artery bypass-vein graft
Estimated/Actual Date of Discharge	14 Oct 2024
Room Category Occupied	Single private room
Length Of Stay	8
Eligible Room Category	Single Ward (Private / Special / Executive Ward)

Total Authorized amount Rs 482325 (Four Lakh Eighty Two Thousand Three Hundred and Twenty Five).

Authorization Remarks :

Full and final approval upto availble sum insured

Note: If Top Up is available and applicable, as per policy conditions. Top Up claims will be processed and additional amounts will be approved along with base amount as per your benefit

Authorization Summary

Total bill amount (INR)	769250
Other Deductions(INR)*	0
Policy Excess / Deductible (INR)	56150
Paid by the Patient (INR)	56150
Copay (INR)	230775

Deductibles (INR)	0
Total Authorized Amount(INR)	482325
Amount to be paid by Insured (INR)	286925

Detailed list of deductions have been shared with the claimant

Terms and conditions for authorization:

1. Cashless authorization letter issued on the basis of information provided in pre authorization form. In case of misrepresentation concealment of facts any material difference/deviation/ discrepancy in information is observed in discharge summary / IPD records then cashless authorization stands null & void. At any point of claim processing Insurer or TPA reserves the right to raise queries for any other document to ascertain the 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 cost towards non admissible amounts (including additional charges due to opting higher room rent than 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 the cost towards non admissible amounts (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 the same refunded to the policy holder from the network provider and/or take necessary action as provided under the MOU.
6. Where treatment / procedure to be carried out by a Doctor/Surgeon of insured's choice (not empanelled with the Hospital) network provider may give treatment after obtaining specific consent of the policyholder.
7. Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought are not admissible.
8. Expenses are excluded which are not covered / not payable as per health insurance policy terms and conditions are not admissible.
9. Expenses related to medicines/drugs incurred post discharge and Differential cost borne by the policyholder may be reimbursed by insurer subject to terms and conditions of the policy.

The following documents must be submitted in full within 7 days from date of discharge to enable settlement of claim.

1. Original cashless claim form in IRDAI format
2. Government ID proof and Medi Assist ID card of the patient along with KYC form
3. Detailed discharge summary with Main hospital bill along with Break-up of the bill amount being claimed
4. Cash memos from the Hospitals / Chemists supported by proper prescriptions
5. Diagnostic Test Reports, X-ray films, and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests
6. Original sticker for all the implants & high value consumables
7. Surgeon's Certificate stating the nature of operation performed and Surgeon's Bill and Receipt
8. Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge
9. Copy of the receipt for the amount settled by the patient / representative
10. Final hospital bills should be issued in the name of **National Insurance Co. Ltd.** as a payer for payment of cashless claims. This is a mandatory requirement for claim settlement.
11. Please send cashless documents to the address mentioned in the last page of the letter. (Beneath signature)

Note: As per Modified Guidelines on Standards and Benchmarks for Hospitals in the Provider Network issued by IRDAI vide Circular Ref: IRDA/HLT/REG/GDL/114/07/2018 dated 27th July 2018, your Hospital is mandatorily required to Register with ROHINI and obtain either Pre-entry level Certificate (or higher level of certificate) issued by NABH or State Level Certificate (or higher level of certificate) under NQAS, issued by National Health Systems Resources Centre (NHSRC) on or before July 26, 2019.

QUICK LINKS:

For partner hospital

View this claim on **IHX**. Not on IHX yet? **Sign Up** now.

Warm Regards,

Medi Assist Insurance TPA Pvt. Ltd
CIN: U93199KA1999PTC025676
Cashless Processing Centre
#961A, Singhasandra
Hosur Main Road,
Begur Post,
Bangalore PIN - 560068.
Helpline: 0120-6937324