Ref: Dr. JS

Dis Charge on 4/9/24 167.3 PPI

INSURANCE

MHI/DP/2022/104

Medway Hospitals®
The way to better he
(A Unit of United Alliance Healthcare)

BILLING CARD

Medway Heart Institute
Where heart beat never stops...

Mr.BALASUBRAMANIAN S
81/Male/MHI202380834
01/09/2024/IP112024002022
Dr.K.JAISHANKAR

Patient Name ____ D.O.A. 01/09/24 Time 9.40 Pm

IP No. ____

CCU - 1
Ward - 2

Room No. ____ Rent Per Day 101

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
1/9/24	22:10	Admission	101	Hayoiss
2/9/24	8-20	1st FLOOR (101)	CATH LAB	80400 44
2/9/24	12.20	Cath Lab	CCU	[illegible]
3/9/24	11:20	CCU	101	[illegible]

OPERATION THEATRE

Date	: 2/9/24	OT No.	: Cath Lab
Surgeon	: Dr. Jaishankar	Start Time	: 9.15
I Asst. Surgeon	:	End Time	: 11.45
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Sandhiya	Arthroscopy	:
Name of Surgery	: CAG + TPI + LBP [PPI]	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
2/9/24	12.20	3/9/24	11:20				

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED				SCD PUMP		VENTILATOR	
Date	Start	Date	Disconnect	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
3/9/24.	CBC, RFT C 1189)

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

2/9/24	ECG (1190)		
3/9/24	ECG (1190)		
3/9/24	Chest X-Ray (1190)		

CBG

DATE	NUMBERS	DATE	NUMBERS
1/9/24	1 (1190)		
2/9/24	2 (1190)		

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR-Jaishankar	2/9/24	3/9/24	4/9/24				
Ms. Catherine (Dietitian)	2/9/24	3/9/24	4/9/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	T – 4,61,000
BILL CLEARED : 26872 / 4000	Adv – 3,00,000
RETURNS CHECKED : 11/9/24.	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED : SR Tray (1) used on 3/9/24

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Dhanya L.P.

Sister In-charge

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
03/09/2024	AUC/WS555 1/1
Terms	Salesman Name
WHOLE SALES	4-PATIENT
GSTIN	DL NO : N.A
33AABCU3941Q1ZZ	

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	PACEMAKER ENDURITY IMRI	1	90211000	5819920	12/25	1	0	5 %	7533.36	150667.1	158200.4	150667.12
2	.	LEAD TENDRIL	1	90189099	EEL166895	02/27	1	0	18 %	2017.80	11210.00	13227.80	11210.00
3	1 NA	LEAD TENDRIL 58	1	30049011	EEM142534	05/27	1	0	18 %	2017.80	11210.00	13227.80	11210.00
4	1 NA	SHEATH 9F	1	90189099	10105695	10/26	1	0	12 %	184.08	1534.00	1718.08	1534.00
5	.	SHEATH 6F REF 405104	1	90183990	10085163	10/26	1	0	12 %	184.08	1534.00	1718.08	1534.00
6	1 NA	CPS LOCATEA SHEATH	1	30041010	CL12629	04/25	1	0	12 %	7363.20	61360.00	68723.20	61360.00
7	1 NA	THRESHOLD HISPRO CABLE	1	40082190	8285816	12/24	1	0	18 %	424.80	2360.00	2784.80	2360.00
8	1 NA	HELIX LOCJUBG TIIK	1	30041010	9456407	01/25	1	0	12 %	0.00	0.01	0.01	0.01
9	1 NA	STRI PKG ASSY	1	30041010	10311627	03/26	1	0	12 %	0.00	0.01	0.01	0.01
10	1 NA	DISPOSABLE SURGICAL CABLE	1	30041010	2329806	10/26	1	0	18 %	0.00	0.01	0.01	0.01
11	1 NA	PREMOFIX PM/ICD SET	1	30041010	8220757	09/27	1	0	18 %	350.85	1949.15	2300.00	1949.15

ITEMS : 11 QTY : 11 BASE :241824.30 SGST : 10037.98 CGST :10037.98 GST : 20075.97 Goods Value: 241824.30

Category	Gross	CGST	SGST	Amount
5 %	150667.12	3766.68	3766.68	158200.48
12 %	64428.02	3865.68	3865.68	72159.38
18 %	26729.16	2405.62	2405.62	31540.41

P(Disc)		DB	
		CR	
		CD	0.00
Rounded Net Amount			261900.00

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Two Lakhs Sixty One Thousand Nine Hundred Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-BALASUBRAMANIAN-IP-2024002022-DR.JAISHANKAR

Customer Outstanding: **119419193.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUCTUS LABS PVT LTD CHENNAI 600 024

AUTHORIZED SIGNATORY

AUTHORIZATION LETTER - 2

MD inDia

Payment Valid for Admission Between **30/08/2024** **and** **06/09/2024**

Changed Toll Free Phone Number :18002335544 **Authorization Fax Number : 044-28297252**

THE MEDICAL DIRECTOR	CCN	**MDI5106204**	Date **04/09/2024**
Medway Hospital		(Please quote this CCNo. in all future correspondence in this regard)	
New No 8, Old No 222, 4th Cross Street,trustpuram,kodambakkam, Chennai	MDI ID Number	**MDI5-0000291854**	
Tamil Nadu Chennai	Policy Number	**010600\28\22\P100000022**	
Phone No :	Corporate Name :	M Kasthuribai	
Fax No :	Emp-Code	C162633/ED	M Kasthuribai

Dear Sir / Madam With respect to the "Request for Authorization Letter(RAL)" for treatment of

Mr/Ms S Balasubramanian Age 79 Sex Female at

Medway hospital received on 04/09/2024

we are hereby issuing this "Authorization Letter" for cashless services in your esteemed institution, subject to the terms and conditions, exclusions and limitations of the health coverage plan of the patient.

1. Name of the Patient	S Balasubramanian	**S.TAX Reg No :**
2. Diagnosis		
3. Proposed Line of Treatment	Surgical	
4. Treating Doctor		
5. Guarantee of Payment Upto Rs	84500	being the necessary treatment cost
Amount in words (Rs)	Eighty four Thousand Five Hundred Only.	
Total Authorised Amount (Rs)	AL1- Rs. 100000 + AL2- Rs. 84500 = Rs. 184500/-	

Patient Photo

MD inDia

Hospital Alert :

1. Incase of a change in primary diagnosis, kindly **intimate MDIndia in writing immediately.**
3. Charges for miscellaneous, related &allied services **must be collected directly from the patient.** Examples: Registration/Admission Fees, Service Charges, **Surcharge, Tel/Fax/Photocopy, Food & Beverages** for relatives, Special Diets, External Implants, **Supports & Accessories, Dental Treatment, Toiletries, Private** Nurse Charges, Ambulance, Barber charges, etc.

MDIndia will not be liable for payments in case the **information provided in the "Request for Authorization Letter"** and subsequent documents during the **course of authorization, is found incorrect/revised or not** disclosed.

*****PS. Please quote your PAN no. immediately thru mail to empanelment@mdindia.com **without fail and confirm with our team about updation of the same on Tel no. 020 25300036, in absence of which TDS @ 20% will be deducted from Cashless Payments.***

Important: Please send duly filled Claim Form Signed by the Patient, **along with all the original bills / receipts, prescriptions,** investigation reports and the discharge card with necessary attestation, **within 7 days of discharge of the patient."**

Please send pre & post operative X-ray plates for claims of fracture & joint replacements along with the claim documents

This is Computerized statement hence doesn't required signature

Undertaking by the Patient:

I hereby authorize the hospital/provider to submit the original discharge card and all original documents related to my treatment to MDIndia and authorize MDIndia to settle my claims directly with the Hospital.

Signature of Patient :

Disclaimer:The cashless access in MDIndia network of hospitals **is merely a facility extended to the patient by the Insurance** Company. MDIndia/Insurance Company doesn't guarantee the availability, **quality & outcome of treatment, which is the** sole responsibility of the provider. Choice of hospital/provider is the **right of the patient.**

W.E.F 1st Feb 2015 , claim payment will be made directly **by United India Insurance Company Ltd. (UIIC) . If any hospital desires to have TDS** exemption benefit , may please arrange for TDS exemption certificate in favor of **UIIC (TAN CHEU00014A). Earlier TDS Exemption certificate in** name of MDIndia TPA will not be applicable and in absence of fresh TDS certificate, **UIIC will be deducting TDS at 10%. UIIC will provide TDS** certificate for the same directly to hospital