Mr.PADMANABHAN
73/Male/MHM202302838
16/09/2024/IPM2024000828
Dr.VAISHNAVI/ARAVINDH

ING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _____ D.O.A. 16/9/24 Time 11.00 am

IP No. _____

Room No. 304 Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
16/9/24	12.10 PM	SR	3rd Floor	Krishnaveni 3027
16/9/24	[illegible] PM	IIIrd Floor	OT	Dharalakshmi 3020
16/9/24	7.30 Pm	OT	3rd Floor	MJ 3176

OPERATION THEATRE

Date	: 16/9/24	OT No.	: 5
Surgeon	: Dr. Babuvinish, Dr. Aravind	Start Time	: 6.15 pm
Asst. Surgeon	:	End Time	: 7.15 pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: used
Anaesthetist	: Dr. Senthilkumar	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	: colonascopy & Haemorrhoidectomy & Sphincterectomy under Spinal Anaesthesia	Laproscopy	: Colonoscopy company person instrument
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1 amp used (2ml)
		Others	: Ketamine 2 ml used

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

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
16/9/24	CBC, PT, INR, RFT virul serology - cardt (6576)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aravind.	16/9/24	30000					
Dr. Babu Varghese	16/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 9374/-	—
BILL CLEARED : Kolly 25/9/24	
RETURNS CHECKED :	

Other Procedures : (specify) :-

OT CLEARANCE GIVEN 30/9

EEG / NCS	
Endoscopy / Colonoscopy	
OT Instruments	
Diet	

Admission Officer : 3785

Sister In-charge 30/9

Universal Sompo General Insurance

Suraksha, Hamesha Aapke Saath

(A joint venture of Indian Bank, Indian Overseas Bank, Karnataka Bank Ltd, Dabur Investments Corp. and Sompo Japan Insurance Inc.)

Cashless Final Authorization Letter

Date : 17-09-2024 08:11 PM **Claim No: 533286 (Please quote this number for all further correspondence)**

To,

MEDWAY MEDICAL CENTRE
New No.8,Old No. 22,4th Cross Street, Trustpuram,Kodambakkam , Trustpuram,Kodambakkam,
Chennai, TAMIL NADU
600024
8900080203532

Dear Sir/Madam,

We here by authorized final amount of Rs. 70676 (Rs. Seventy Thousand Six Hundred and Seventy-Six only) for final request as per below authorization specification:

Patient Name:	S PADMANABHAN	**Hospitalized at:**	MEDWAY MEDICAL CENTRE
Proposer Name:	S PADMANABHAN	**Final Diagnosis:**	hemorrhoids
Patient Card Number:	283974748246001	Proposed line of Treatment:	Surgical
Relation:	Self	Room Category:	Single Room charges
Patient Age/Gender:	73/Male	Date Of Admission:	16-09-2024
Employee Number:		Date Of Discharge:	17-09-2024
Claim No:	533286	Length Of Stay:	1.00

Authorization Date & Time	Reference number	Cashless Request Received	Requested Amount (INR)	Approved Amount (INR)
14-09-2024 02:55 PM	533286010200	PreAuth Main	150000.00	60000
17-09-2024 08:11 PM	533286013301	Final Bill with Discharge	89018.00	70676
17-09-2024 08:11 PM		Total Authorized Amount as on date		70676
Total Authorized Amount as on date in words:Rs Seventy Thousand Six Hundred and Seventy-Six Rupees Only				

Capping as per policy Terms and Conditions:
Room Rent Capping Per Day: 1.5 %
ICU Capping Per Day: 3 %
Copay: 0.00

Authorization Remarks: This is final approval, collect non payable charges from patient. Final settlement will be done as per agreed tariff/MOU and policy T&C. Any Discrepancy found at any stage of claim will be liability to hospital and previous authorization will be void or null.

TOTAL BILL = 89018
APPROVED = 70676
18342
DISCOUNT = 11542
TO DAY = 6800

Hospital Agreed Tariff:
Non Package Case:
Room Rent/day: 4700 ICU Rent/day:
Consultant Visit Charges/day: Surgeon Fee/OT/Anaesthetist:
Other Charges:

Authorization Summary:

Description	Amount (INR)
Total Bill Amount:	89018.00
*Other Deductions:	6800.00
Discount:	11542.00
Co-Pay:	0.00
Deductibles:	0.00
Total Authorized Amount:	70676
Amount to be paid by Insured:	6800.00

***Other Deductions Details:**

Sr No	Description	Bill Amount (INR)	Deducted Amount (INR)	Admissible Amount (INR)	Deduction Reason
1	Medicine & Consumables charges	9374.00	4100.00	5274.00	Non-payable Items
2	Miscellaneous charges	2700.00	2700.00	0.00	Non-payable Items