Ref VSSCT Bijiyan/Prasanta

INSURANCE

Dual chamber ICD

Discharge on 9/9/24

MHI/DP/2022/104

BILLING CARD

SAFETY FIRST

Medway Hospitals® The way to better h (A Unit of United Alliance Healthca

Medway Heart Institute Where heart beat never stops...

Patient Name: Mr.DEBABRATA PAUL
47/Male/MHI202483299
05/09/2024/IP112024002079
Dr.K.JAISHANKAR

IP No. _____

Room No. ___

D.O.A. 5/9/24 Time 5.30 pm

CCU — 1
Ward — 3

Single Room

Rent Per Day 102

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
5/9/24	12.00	Admission	2nd F - 102	
6/9/24	8.00	1st floor 102	Cath lab	
6/9/24	13.20	Cath Lab	CCU	
7/9/24	11.45	CCU	1st 102	

OPERATION THEATRE

Date	: 6/9/24.	OT No.	: Cath Lab II
Surgeon	: Dr. Jaishankar.	Start Time	: 9.00
I Asst. Surgeon	:	End Time	: 12.20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN. Panchavarna	Arthroscopy	:
Name of Surgery	: CAG + TPI + PPI	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
6/9/24	13:20	7/9/24	11.45

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

20000 + 150000 + supply = 180000

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
7/9/24	CBC, PFT (11418)
9/9/24	vit-D (15 02)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
6/9/24	ECG (11AM8)		
7/9/24	ECG (11AM8)		
7/9/24	ECG [1426]		
7/9/24	CXR [1426]		

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
5/9/24	14 (1502)						
6/9/24	1 (11AM8)						
7/9/24	0 (11AM8)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jaishankar	6/9/24	7/9/24	8/9/24	9/9/24			
Mrs. Catherine (Dietitian)	6/9/24	7/9/24	9/9/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	T- 14,00,000/-
BILL CLEARED : 3188/- 9.9.24	T- 14,54,575/-
RETURNS CHECKED :	

CROSS MATCHING : PBN Package

RESERVATION PF BLOOD :

STERILE TRAY USED : SP Tray ① used on 9/9/24

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : S. VIGNESH

Sister In-charge

FINAL CREDIT BILL		
Name :	MR. DEBABRATA PAUL	
Age / Sex :	47 Yrs / MALE	IP Number : IPH2024002079
Doctor Name:	DR JAISHANKAR	D.O.A. : 05/09/2024 at 16:50
Insurance Name:	BAJAJ ALLIANZ	D.O.D. : 09/09/2024 at 18:10
TPA Name :	BAJAJ ALLIANZ	CLAIM NO: 240171412P
S.No	Description	Value
1	S NO 7 PPI	303700.00
2	S NO 6 TPI	44000.00
3	S NO 1 CAG	6875.00
4	IMPLANT	1100000.00
	TOTAL	1454575.00
	APPROVAL AMOUNT	1289575.00
	CO PAY	0.00
	DISCOUNT	165000.00
	PATIENT PAID	0.00

CASHLESS AUTHORIZATION LETTER

BAJAJ Allianz
Caringly yours

(Please use this number for any communication regarding this AL)

Claim Reference No: 240171412P Dated: 10-SEP-24

Authorization Valid Up to:

Hospital Name: MEDWAY MEDICAL CENTRE - CHENNAI

Hospital Address: CHENNAI

Pin Code: 600024

Phone Number: 9999999999 Fax:

Rohini ID: 8900080347533

Proposer Name	DEBABRATA PAUL	Relation With Proposer	Self
Patient ID Card	31-8450-0013007986-0002		

Dear Sir/ Madam

This has reference to the pre-authorization request submitted on 04/09/2024 We hereby authorize cashless facility as per details mentioned below:

Patient Name	DEBABRATA PAUL	Age	47
Policy Number	12-8450-0000070679-11	Gender	Male
Expected Date of Admission	05-SEP-24	Expected Date of Discharge	09-SEP-24
Policy Period	From: 18-MAR-2024 To: 17-MAR-2025	Estimated Length of Stay	4
Availed Room Category	Single room Charges	Eligible Room Category	
Provisional Diagnosis	Ischemic dilated cardiomyopathy + intraventricular conduction delay + Moderate PAH	Proposed Line of Treatment	Surgical

Authorization Details

Date & Time	Request Type	Requested Amount	Final Approved Amount
04-SEP-2024	Initial Approval	1405000	500000
10-SEP-2024	Final bill Received	1454575	1289575

Total Authorized	1289575	In words	Twelve Lakh Eighty-Nine Thousand Five Hundred Seventy-Five Rupees

Hospital Agreed Tariff

Package Case	Non-Package Case							
	Room Rent /day	ICU Rent/day	Nursing Charges/day	Consultant Charges/day	Surgeon's Fee	OT Charge	Anesthetist	Others

Authorization Summary

Note: **** Fields are to be considered as a deduction and should not be added in the Bill Amount.

Particulars	Bill Amount	Tariff Excess Deduction	Disallowed Amount	Approved Amount	Disallowance Reason
Implant Charges	1100000	165000	165000	935000	Tariff Deductions--Discount @15.00
Package Charges	354575	0	0	354575	

Payment Details

Claimed Amount	1454575
Total Approved Amount	1289575
Disallowed Amount	165000
Amount to be collected from Insured	0
Beneficiary Name	MEDWAY MEDICAL CENTRE - CHENNAI

Authorization Remarks

- Expense incurred during hospitalization shall be settled as per the agreed negotiated tariff with Bajaj Allianz General Insurance Co. Ltd.
- Authorization issued with total deductions (INR 165000)

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
09/09/2024	AUC/WS579 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	GALLANT DR ICD BMRI	1	90219090	810096704	01/26	1	0	5 %	44932.84	898656.8	943589.6	898656.80
2	1 NA	LEAD OPTISURE	1	90189099	DAP074107	02/27	1	0	12 %	7363.20	61360.00	68723.20	61360.00
3	1 NA	LEAD TENDRIL 58	1	30049011	EEM142864	05/27	1	0	18 %	2017.80	11210.00	13227.80	11210.00
4	1 NA	SHEATH 9F	1	90189099	10088144	10/26	1	0	12 %	184.08	1534.00	1718.08	1534.00
5	1 NA	SHEATH 8F	1	90183990	10236888	02/27	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	HELIX LOCJUBG TIIK	1	30041010	9455482	10/24	1	0	12 %	0.00	0.01	0.01	0.01
8	1 NA	STRI PKG ASSY	1	30041010	10237659	02/26	1	0	12 %	0.00	0.01	0.01	0.01
9	1 NA	PREMOFIX PM/ICD SET	1	30041010	8220757	09/27	1	0	18 %	350.85	1949.15	2300.00	1949.15

ITEMS : 9 QTY : 9 BASE :1037603.9 SGST : 31198.02 CGST :31198.02 GST : 62396.05 Goods Value: 1037603.97

Category	Gross	CGST	SGST	Amount
5 %	898656.80	22466.42	22466.42	943589.64
12 %	125788.02	7547.28	7547.28	140882.58
18 %	13159.15	1184.32	1184.32	15527.80

P(Disc)	DB	
	CR	
	CD	0.00
Rounded Net Amount		0.00
		1100000.00

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Eleven Lakhs Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-DEBABRATA PAUL-IP-2024002079-DR.JAISHANKAR
Customer Outstanding: **122093806.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUCTUS LABS PVT LTD CHENNAI 600 024

AUTHORIZED SIGNATORY