

MH/ PRINT / 0007 / BILL / FO



Mrs. VIJAYALAKSHMI S

48. Female MMH202476919

Patient Name _ 11/10/2024/1PM2024000962

Dr.VENKATACHALAM

IP No. _____

Room No.

D.O.A. 11.10.24 Time 10:45

Rent Per Day 4000/-

TRANSFER DETAILS

TRANSFER DETAILS				
Date	Time	From	To	Sister Signature
11/10/24	12 PM	BR	2 floor 113	Hath-8/07

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 :

MONITOR

[illegible]

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

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 :
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

1	10	24	CBA (7428)
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PHYSIOTHERAPY

[illegible]

[illegible]

RELIANCE**GENERAL
INSURANCE**

Dated: 11-Oct-2024

AL Number : 102240077198-01

Medway Medical Centre
Medway Hospitals No: 2 United India Colony 1st Cross Street, Kodambakkam, Chennai 600 0024 (Opp: Sekarz Stores)
Medway Hospitals No: 2 United India Colony 1st Cross Street, Kodambakkam, Chennai 600 0024 (Opp: Sekarz Stores),
CHENNAI, CHENNAI
TAMIL NADU
600024
91-9789885946

Dear Sir/Madam,

Subject: Cashless authorization letter to the hospital for the treatment and guarantee of payment.

We hereby authorize and guarantee for payment up to Rs. 27001.00, (Twenty Seven Thousand and Hundred One) only for Admission/ Pre-Authorization request note sent by you with the following information:

Name of the patient:	S VIJAYALAKSHMI		
Class of Accommodation:	Single Room Ac.	Per Day Limit:	4000.00
For provisional diagnosis:	carcinoma breast	Date of Admission:	11-Oct-2024
Previous Authorized Limit:	Rs.35000.00	Hospital Package Applicable:	Yes
Additional Sum Sanctioned:	Rs. -7999.00	Package Limit:	53684.65
Co-Payment Amount	Rs. 0.00		
Total Sanctioned Amount:	Rs. 27001.00		

Claimed Amount	Non Payable	Total Admissible Amount	Compulsory Deductible	Co-payment	Discount	Approved Amount
31103.00	4102.00	27001.00	0.00	0.00	0.00	27001.00

Remarks: Based upon the claim case: 1) Kindly furnish the detailed course of hospitalization along with the discharge summary & the break-up of the final bill before discharge of the patient. 2) Furnish the investigation reports. 3) Please quote this AL number in your reply. 4) Final claim Settlement will be as per MOU & Policy T&C.

Important Instructions to Hospitals: 1) If the hospital bill is estimated to be higher than the guarantee of payment, a request letter for additional amount needs to be sent to RGICL 2) If no further guarantee is available, the hospital must collect the excess amount directly from the beneficiary at the time of admission/ prior to discharge from the hospital, as per hospital rules and regulations 3) Please collect the hospital bill - summary with final bill with details of units of each service (authenticated by patients signature) 4) Please collect the discharge summary and reports of all investigations (original). 5) Please collect an undertaking from the insured / patient for submitting his/her documents to RGICL Ltd in original. 6) i) Charges for the following miscellaneous services and related allied services must be collected directly from the patient's Registration / admission charges ii) Ambulance charges (unless authorized) iii) Attendant / visitor pass charges iv) Special nursing charges not authorized by the attending doctor v) Service charges not forming a part of the bed charges in general ward, maintenance charges, surcharges vi) Charges for extra bed for attendant etc viii) retaining charges viii) Charges for TV, Laundry etc ix) Telephone/ fax charges x) Food and Beverages for attendants and visitors xi) Toiletries etc xii) Purchase of medicines not related to the treatment xiii) Stationery, Xerox or certifying charges.

External Remarks :

Rs 235/- deducted towards proportionate charges as member opted higher room category on eligibility. Rs.386/- deducted towards non-medical expenses. Please collect the same from member. Claim will be settled as per agreed MOU/Tariff

For any assistance, please contact us at the address/email mentioned below.

Please quote Pre-Auth No.: 102240077198-01 in all your future correspondence.

Yours Sincerely,
Team RCare Health
Reliance General Insurance Co. Ltd.

Important Note: This authorization is valid for Admission within 15 days from the Date of Admission mentioned or expiry/cancellation of the Insurance policy whichever is earlier. This Authorization becomes null and void if the patient is discharged before the date of this letter issuance. Copayment Amount has to be collected from Insured. Claim Processing / Settlement will be as per agreed rates in MOU/Tariff. This is an electronically generated document and this requires no seal / stamp. All payments to Hospitals are subject to deduction of tax at source as per prevailing rate unless lower TDS certificate had been provided to the payer, under section 1941 as per Circular No 8/2009, Dated 24-11-2009 from Income Tax Dept.

Contact Details:
Reliance General Insurance,
RCare Health,
No.1-89/3/B/40 to 42/KS/301, 3rd floor,
Krishe Block, Krishe Sapphire, Madhapur,
Hyderabad-Telangana-500081

Email: rgicl.rcarehealth@relianceada.com
Chat@Website: <https://www.reliancegeneral.co.in/Insurance/Home.aspx>>>Chat