BILLING CARD

Patient Name: Mr.SARAVANA MUTHU PERUMA
29/Male/MHM202404855
28/08/2024/IPM2024000748
Dr.ARAVINDH

IP No. ______

Room No. ______

D.O.A 28/8/24 Time 1.00 PM

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/8/24	2pm	ER	III floor 307	S/N. Rachel
28/8/24	6:30pm	IIIrd Floor	OT	S. Dhanalakshmi 3220
28/8/24	7.40pm	OT	Disc Room	[illegible] 3171

OPERATION THEATRE

Date : 28/8/24	OT No. : 1ST OT.
Surgeon : DR ARAVIND	Start Time : 7. pm
I Asst. Surgeon :	End Time : 7.30PM
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy : used
Anaesthetist : DR. SENTHIL KUMAR	C-Arm :
OT Nurse : S/N MAITHILI	Arthroscopy :
Name of Surgery :	Laproscopy :
Fissurectomy & SD	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

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 THEA TRE

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
28/8/24	CBC, RFT, BT, CT, PT, INR } (6090) viral serology (Covid) }
28/8/24	Specimen sent to HPR main hospital HPE, (6096)

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

28/8/24	ECG (6091)		
28/8/24	chest x-ray (6092)		

CBG

28/8/24	D (6093)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aravind	29/8/24						

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total Sale: Rs. 10886/-	
BILL CLEARED	: [Credit] 3167	
RETURNS CHECKED	: Time: 6.00 pm. 29/8/24	

Other Procedures : (specify) :-

OT CLEARANCE: 3202

Admission Officer : 3167

Sister In-charge 3197

Cashless Authorisation Letter

Authorisation is Valid for Admission from 28/08/2024 To 04/09/2024

Claim Number : MDI8810710

Date : 29/08/2024

To,
The Medical Director,

Medway Hospitals
West Block No: 4, Pc7, Bharathi Salai, Mogappair West,
Nolambur Mogappair West

Phone : 044-26530011

Fax :

IC Name : : National Insurance Company Limited
Name of TPA : MDIndia Health Insurance Pvt. Ltd.
Proposer Name : Indian Banks Association / Bank Of India - Employees
Patient's Member : Saravana Muthu Perumal M
MD ID No : MDI5-0039734149
Relation with Propose : Self

Rohini ID : 8900080475298 **EMP No :** 223418 **EMP Name :** Saravana Muthu Perumal M

Dear Sir/Madam,
This has reference to the Pre-Authorization request submitted on 28/08/2024 , We hereby authorize Cashless facility as per details mentioned below:

Patient Name : Saravana Muthu Perumal M	Age : 28	Gender : Male
Policy Number : 251100/50/23/10000172	Expected Date of Admission	: 28/08/2024
Policy Period : 01/10/2023 To 30/09/2024	Expected Date of Discharge	: 29/08/2024
Room Category : SINGLE AC Eligible Room Category as per T&C of Policy Contract :	Estimated Length of Stay	: 2
Provisional Diagnosis : FISTULA IN ANI+FISSURE IN ANO	Proposed Line of Treatment	: Surgical

Authorization Details :

Date & Time	Reference Number	Amount	Status
28/08/2024 5:28:59PM	MDI8810710	45,500.00	INITIAL AL
29/08/2024 3:17:48PM	MDI8810710	15,600.00	FINAL AUTHORISATION

Total Authorized Amount:- Rs. Sixty One Thousand One Hundred Only.

Authorisation Remarks :

Please note that GIPSA PPN Network - Declaration Form duly filed and signed by the patient or patient attender, along with Authorized signatory and hospital seal is mandatory and should be attached in the Claim file.
Note: Kindly ensure that all bills/receipts, for purchase of medicines/consumables upon which a claim is made, should bear a valid GST No. of the issuer of such bills, receipts etc. at the time of claim submission
Implant invoice of the Supplier / Seller of the implants should be mandatorily available in the claim file for settlement of the claims. Please note that letter provided by the hospital expressing their inability to submit Individual implant invoices / bulk invoices of the Supplier / Seller of the implants as per their internal hospital policy CANNOT BE ENTERTAINED.
Implant Handling charges are not payable

Hospital Agreed Tariff :

I) Package Case :

Agreed Package Rate : 61,100.00

II)Non Package Case :

i) Room Rent/day	:	0.00
ii) ICU Rent/day	:	0.00
iii) Nursing Charges/Day	:	0.00
iv) Consultant Visit Charges/Day	:	0.00
v) Surgeon's fee/OT/Anaesthetist	:	0
vi) Others (specify)	:	0

Authorization Summary :

Total Bill Amount	:	61,100.00	(INR)
Other Deductions	:	0.00	(INR)
Discount	:	0.00	(INR)
Co-Pay	:	0.00	(INR)