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STERILE TRAY USED:

TRANFUSION ( BLOOD )

ATTENDER'S HOLDING:

OTHER PROCDURES:

Admission Officer: S.V. G.N.ES) 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** 

Bill Date Bill No & Page No State Code

**GSTIN** 

Place Of Supply

33

: TAMILNADU

: 33AAMCA2113K1ZY

AUC/WS624 1/1 25/09/2024

Terms Salesman Name 4-PATIENT WHOLE SALES

> **GSTIN** DLNO: N.A

33AABCU3941Q1ZZ

Fr GST% MRP S.NoMFR PCK HSN Batch No. Exp Qty GST Rate Amount Description 85904.00 76700.00 STJM - EN0020-P ENSITE PRECISION 1 90189099 10217020 07/25 1 12 % 9204.00 76700.00 NAVX PATCH

12 % 76700.00 4602.00 4602.00 85904.00 CR	
CD 0.00	0.00
Rounded Net Amount	85904.00

Amount In Words: Eighty Five Thousand Nine Hundred Four Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks: P.N-AYISHATHU MUFLIHA-IP-2024002235-DR.GNANAVELU

**Customer Outstanding:** 125255966.00

**User Name** HARI

To: 686

CARDIAC

CHENNAI

PH:

KODAMBAKKAM

UNITED ALLIANCE HEALTHCARE (P)

600024

LTD - CARDIAC PATIENT

For AUCTUS LABS PRIVATE LIMITED

**AUTHORIZED SIGNATORY** 



Tel. No.: Fax No.: Email:

### **ENHANCEMENT AUTHORIZAION LETTER**

Date

23/09/2024 7:42PM

Fax No.

Reg No.

To

Medway Hospital, Chennai TN.

Policy No./Card No.

22 Years

333297462039

Payer/TPA ID Card No.

0133020090071100034189

Authorization No.

13H 2257564724785-2

Name of the Patient

AYISHATHU MUFLIHA.S

Age:

Sex: Female

Date of Admission

22/09/2024 7:0 PM

**Provisional Diagnosis** 

palpitation

Authorization

Authorised Limit

95000.00

Authorised Limit (In Words)

Ninety Five Thousand, Only

**Previous Authorised Limit** 

Remarks

CLAIMS WILL BE SETTLED IN ACCORDANCE WITH THE TREATMENT GIVEN /SURGERY DONE.

## Instruction to Hospitals:

1. This Authorization letter is issued that the information given in the pre-authorization is correct. Any information hidden/wrongly given regarding pre-existing disease will make this authorization null and void.

2. This Authorization is binding on the insurance policy terms, limitations and conditions.

3. Disclaimer : The cashless access given to network hospital is merely a facility extended by Payer. Payer does not guarantee the availability, quality and out come of treatment.

\* Denial is in no way to be construed as denial of treatment, only cashless access is denied.

4. If amount exceeds authorization amount Payer approvals has been obtained for enhancement. Payer will be pleased to confirm on Insurance policy limits and conditions.

This is a Computer Generated Statement So No Signature is Required.

Note: Please quote our Authorization Number in all the correspondence and bills.



Tel. No.: Fax No.: Email:

### **AUTHORIZAION LETTER**

Date

23/09/2024 6:00PM

Fax No.

Reg No.

To

Medway Hospital, Chennai TN.

Policy No./Card No.

333297462039

Payer/TPA ID Card No.

0133020090071100034189

Authorization No.

13H\_2257564724785-1

Name of the Patient

AYISHATHU MUFLIHA.S

Age:

22 Years

Sex:

Female

Date of Admission

22/09/2024 7:0 PM

**Provisional Diagnosis** 

palpitation

Authorization

**Authorised Limit** 

5000.00

Authorised Limit (In Words)

Five Thousand, Only

**Previous Authorised Limit** 

Remarks

CLAIMS WILL BE SETTLED IN ACCORDANCE WITH THE TREATMENT GIVEN /SURGERY DONE...

## Instruction to Hospitals:

 This Authorization letter is issued that the information given in the pre-authorization is correct. Any information hidden/wrongly given regarding pre-existing disease will make this authorization null and void.

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