INSURANCE

CAG + CRTD

Discharge on 26/8/24

MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

Medway Heart Institute
Where heart beat never stops...

Mr.BALASUBRAMANIAN MG
44/Male/MHI202484922
21/08/2024/IPH2024001932
Dr.K.JAISHANKAR

Patient Name _____ D.O.A. 21/8/24 Time 4.10 PM

IP No. _____

Room No. _____ TRANSFER DETAILS Rent Per Day 101

Date	Time	From	To	Nurse's Signature
21/8/24	16.30	FO	101	
22/8/24	8.15	1st F-101	Cath lab	
22/8/24	14.35	Cath Lab	CCU	
23/8/24	11:20	CCU	101	

OPERATION THEATRE

Date	: 22/8/24	OT No.	: Cath Lab II
Surgeon	: DR. Jaishankar	Start Time	: 8.45
I Asst. Surgeon	:	End Time	: 13.15
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Panchavarnam	Arthroscopy	:
Name of Surgery	: CAG + TPI + CRT-D	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
22/08/24	14.35	23/8/24	11:20

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
22/08/24	14.35	23/8/24	5:00

INJ. ad

ALPHA BED

Date	Start	Date	Disconnect

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
21/8/24	Cath package (0626)
23/8/24	CBC, RFT (0707)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
23/8/24	ECG 2 (0707) Xray (0715)		

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
21/8/24	1 T (0823)						
22/8/24	1						
23/8/24	2 (0707)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. JAISHANKAR	22/8/24	23/8/24	24/8/24	25/8/24	26/8/24	—	—
Mrs. Catherine (Dietitian)	21/8/24	22/8/24	23/8/24	24/8/24			
Ms. Sevathal (Psychologist)	26/8/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	PPN Package so single time bill only
BILL CLEARED : 25571 / Recd ONE	T - 1,14,675 / —
RETURNS CHECKED : 26/8/24.	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED : SR Tray (1) used on 24/8/24

TRANFUSION (BLOOD)

ATTENDER'S HOLDING : ROOM NO :- 101 (22/8/24)

OTHER PROCDURES :

Admission Officer : AARTHI

Sister In-charge

Copay (INR)	111468
Hospital Discount (INR)	0
Deductibles (INR)	0
Total Authorized Amount(INR)	600000

Base and Top up authorisation summary

Base Policy (Cashless :- 123832865)	350000
Top up Policy (Cashless .- 124051052)	600000
Total Authorized	950000
Base Policy Discount	0
Total Payable By Insured	164875

Detailed list of deductions have been shared with the claimant

Terms and conditions for authorization:

1. Cashless authorization letter issued on the basis of information provided in pre authorization form. In case of misrepresentation/concealment of facts any material difference/deviation/ discrepancy in information is observed in discharge summary / IPD records then cashless authorization stands null & void. At any point of claim processing Insurer or TPA reserves the right to raise queries for any other document to ascertain the admissibility of claim.
2. KYC (know your customer) details of proposer/employee/beneficiary are mandatory for claim payout above Rs.1 lakh
3. Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except cost towards non admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in Package)
4. Network provider shall not make any recovery from the deposit amount collected from the insured except for the cost towards non admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in Package)
5. In the event of unauthorized recovery of any additional amount from the insured in excess of Agreed Package Rates, the authorized TPA/Insurance company reserves the right to recover the same or get the same refunded to the policy holder from the network provider and/or take necessary action as provided under the MOU
6. Where treatment / procedure to be carried out by a Doctor/Surgeon of insured's choice (not empanelled with the Hospital) network provider may give treatment after obtaining specific consent of the policyholder.
7. Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought are not admissible
8. Expenses are excluded which are not covered / not payable as per health insurance policy terms and conditions are not admissible
9. Expenses related to medicines/drugs incurred post discharge and Differential cost borne by the policyholder may be reimbursed by Insurer subject to terms and conditions of the policy

The following documents must be submitted in full within 7 days from date of discharge to enable settlement of claim:

1. Original cashless claim form in IRDAI format
2. Government ID proof and Medi Assist ID card of the patient along with KYC form
3. Detailed discharge summary with Main hospital bill along with Break-up of the bill amount being claimed
4. Cash memos from the Hospitals / Chemists supported by proper prescriptions
5. Diagnostic Test Reports, X-ray films, and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests
6. Original sticker for all the implants & high value consumables
7. Surgeon's Certificate stating the nature of operation performed and Surgeon's Bill and Receipt
8. Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge
9. Copy of the receipt for the amount settled by the patient / representative
10. Final hospital bills should be issued in the name of **The New India Assurance Co. Ltd** as a payer for payment of cashless claims. This is a mandatory requirement for claim settlement
11. Please send cashless documents to the address mentioned in the last page of the letter. (Beneath signature)

Note: As per Modified Guidelines on Standards and Benchmarks for Hospitals in the Provider Network issued by IRDAI vide Circular Ref: IRDA/HLT/REG/GDL/114/07/2018 dated 27th July 2018, your Hospital is mandatorily required to Register with ROHINI and obtain either Pre-entry level Certificate (or higher level of certificate) issued by NABH or State Level Certificate (or higher level of certificate) under NQAS, issued by National Health Systems Resources Centre (NHSRC) on or before July 26, 2019.

QUICK LINKS:

For partner hospital

View this claim on **IHX**. Not on IHX yet? **Sign Up** now.

Warm Regards,

Medi Assist Insurance TPA Pvt. Ltd
CIN: U85199KA1999PTC025576
Cashless Processing Centre
#58/1A, Singhasandra
Hosur Main Road,
Begur Post
Bangalore, PIN - 560068
Helpline: **0120-6937324**

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP124051052

Date :26 Aug 2024

To,

The Administrator / Medical Superintendent
Medway Hospital (A Unit Of United Alliance Healthcare Pvt Ltd),
8/22 , 4th Cross Street, Trustpuram Kodambakkam
Hospital ID : (113023)
Portal Id :8900080347533

Dear Partner,

With reference to your request (124051052) for final cashless pre-authorization, we here by authorize INR **600000** against your final bill amount INR **1114675**. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Balasubramanian Mg
Relation to Primary Beneficiary	Self
Age	44
Gender	M
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	4040271824
Policy Holder	Ford Motor Pvt Ltd
IP No	
Policy No	97000034240400000008_FMPL_TOPUP
Policy/Plan Period	01 Apr 2024 to 31 Mar 2025
Primary Beneficiary	Balasubramanian Mg
Insurer Claim No	TP00397000024900063136
Insurer Member ID	MEMBER2434

Treatment Details

Provisional Diagnosis	Left bundle-branch block, unspecified
Expected/Actual Date Of Admission	21 Aug 2024
Treating Doctor	JAISHANKAR
Procedure / Treatment Planned	Insertion of automatic defibrillator patches or electrodes or generator
Estimated/Actual Date of Discharge	26 Aug 2024
Room Category Occupied	Single private room
Length Of Stay	5
Eligible Room Category	Single Ward (Private / Special / Executive Ward)

Total Authorized amount Rs 600000 (Six Lakh).

Authorization Remarks :

FINAL APPROVAL-10% COPAY NOTE BASE POLICY APPROVAL-RS.350000 TOP-UP APPROVAL-RS.600000 TOTAL APPROVED AMOUNT-RS.950000

Authorization Summary

Total bill amount (INR)	1114675
Other Deductions(INR)*	0
Intimation Deductible (INR)	0
Paid by the Patient (INR)	0
Deductible Amount (INR)	350000
Excess of Defined / Ailment Limit (INR)	0
Policy Excess / Deductible (INR)	53207

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
23/08/2024	**AUC/WS518 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	VIGILANT X4 CRT-D DF4 UK G247	1	30049099	320872	10/25	1	0	5 %	37353.75	747075.0	784429.1	747075.00
2	.	ACUITY X4 SPIRAL S 4675 95CM	1	90189099	831643	03/26	1	0	18 %	17204.40	95580.00	112784.4	95580.00
3	.	RELIANCE DF4 LEAD 0672 59CM	1	90189099	249493	04/26	1	0	5 %	3912.54	78250.70	82163.24	78250.70
4	.	INGEVITY PLUS 52CM 7841	1	90189099	1441940	04/26	1	0	18 %	4248.00	23600.00	27848.00	23600.00
5	.	ACUITY PRO 9F	1	90189099	33510835	02/26	1	0	12 %	1699.20	14160.00	15859.20	14160.00
6	.	ACUITY WHISPER VIEW WIRE 4648CM	1	90189099	33691872	03/26	1	0	12 %	566.40	4720.00	5286.40	4720.00
7	1 NA	PEELABLE INTRODUCER KIT 6F	1	30041010	GB8587813	08/25	1	0	12 %	283.20	2360.00	2643.20	2360.00
8	1 NA	PEELABLE INTRODUCER KIT 9F	1	90189099	GB8534796	07/25	1	0	12 %	283.20	2360.00	2643.20	2360.00
9	1 NA	PEELABLE INTRODUCER KIT 9F	1	90189099	GB8744715	11/25	1	0	12 %	283.20	2360.00	2643.20	2360.00
10	1 NA	BALLOON TIPED PACING LEAD 5F	1	30049099	GFGR1125	08/25	1	0	12 %	1467.86	12232.14	13700.00	12232.14

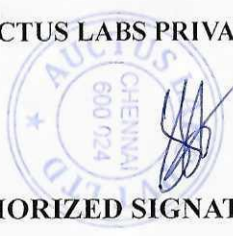
ITEMS : 10 QTY : 10 BASE :982697.84 SGST : 33650.87 CGST :33650.87 GST : 67301.74 Goods Value: 982697.84

Category	Gross	CGST	SGST	Amount	P(Disc)	DB		
5 %	825325.70	20633.14	20633.14	866591.99		CR		
12 %	38192.14	2291.53	2291.53	42775.20		CD	0.00	0.00
18 %	119180.00	10726.20	10726.20	140632.40	Rounded Net Amount			**1050000.00**
					AXIS A/C : 922030011606851 IFSC : UTIB0001165			

Amount In Words : Ten Lakhs Fifty Thousand Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-BALASUBRAMANIAN-IP-2024001932-DR.JAISHANKAR
Customer Outstanding: **116076919.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED



AUTHORIZED SIGNATORY