INSURANCE

# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Selvaraj S D.O.A. 17-09-24, Time 11.30am

IP No. IPM2024000835

Room No. 307 Rent Per Day 4000/-

## TRANSFER DETAILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 17/9/24 | 1.30pm | ER | IIIrd Floor 307 | R.Pandidurai 3005 |
| 20/9/24 | 5.20 PM | IIIrd Floor | OT | M. Ikramood/3127 |
| 20/9/24 | 11.20pm. | OT | ICU | SMuji 3169 |
| 21/9/24 | 8AM | ICU | IIIrd Floor | Malaiva |

## OPERATION THEATRE

| | | | |
|---|---|---|---|
| Date | : 20/9/24 | OT No. | : 01-I |
| Surgeon | : DR. ARAVIND | Start Time | : 6.00 PM |
| I Asst. Surgeon | : | End Time | : 10.30 PM |
| II Asst. Surgeon | : | Dis. Pack | : |
| III Asst. Surgeon | : | Diathermy | : |
| Anaesthetist | : DR. SENTHIL KUMAR | C-Arm | : |
| OT Nurse | : VASANTHA / JAISON / BAVANI | Arthroscopy | : |
| Name of Surgery | : LAPROSCOPIC (RE) HEMICOLECTOMY T ILEUM TRANSVERSE ANASTOMOSIS. ↓ EAT GA | Laproscopy | : LAP UNIT USED [ MEDIWAY ] |
| | | Sevoflurane / Isoflurane | : |
| | | Inj. Fentanyl | : 4 ML USED. |
| | | Others | : |

## MONITOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 20/9/24 | 11.25pm | 21/9/24 | 8AM |
| | | | |
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
|---|---|---|---|
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## OXYGEN

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 20/09/24 | 11.20pm | 21/09/24 | 7.30AM |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 20/9/24 | 3pm | 21/9/24 | 5AM. |
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## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
|---|---|---|---|
| | | | |
| | | | |
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## 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 |
|---|---|
| 17/9/24 | CBC, RFT, LFT, PT, INR, Viral markers, Blood grouping & typing [6591] |
| 17/9/24 | Sr. CEA [6593] |
| | Urine R/E [6595] |
| 20/9/24 | BT, CT (6684) |
| 20/9/24 | (Rt) HEMICOLECTOMY SPECIMEN SENT TO MAIN MEDIWAY HOSPITAL. [HPE-3] (6694) |
| 21/9/24 | CBC, CRP, RFT (6695) |
| 21/9/24 | Gram's of Sputum (6708) |
| 22/9/24 | RFT / CRP (6725) |
| 23/9/24 | CRP / CBC / RFT (6743) |
| 24/9/24 | CBC, CRP (6784) |
| 25/9/24 | CRP (6821) |

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

| | |
|---|---|
| 17/9/24 | ECHO, ECG [6592] |
| 18/9/24 | PET CT [6610] |
| 20/9/24 | CXR [6684] |

## CBG

## CBG

## PHYSIOTHERAPY Rs. 600/- per session

| Date | |
|---|---|
| 21/9/24 | 1:00pm / 7:40Pm |
| 22/9/24 | 4:30pm |
| 23/9/24 | 1:00pm |
| 24/9/24 | 12:30pm / 6:30pm |
| 25/9/24 | 1:00pm |

## NEBULIZER

## NEBULIZER

| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| DR. ARAVIND | 17/9/24 | 18/9/24 | 19/9/24 | 21/9/24 | 24/9/24 | 25/9/24 | " |
| DR. Salai sudhan | 1:[illegible] | | | | | | |
| Dr Vaishnavi | 19/9/24 | | | 21/9/24 | 24/9/24 | 25/9/24 | 26/9/24 |

| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : Pharmacy total Amt. Rs. 122609.00 | |
| BILL CLEARED : 24th Sep 28 5.47pm | |
| RETURNS CHECKED : | |

Other Procedures : (specify) :-

DT Removed on 25/9/24 @ 6.00 PM

Clearance OK. → Small bowel obstruction.

(1) CATHETERIZATION / PROCEDURE DONE OT AT 2019 h

Inj. Morphine 1 amp. given 6.00 PM.

# Cashless Final Authorization Letter

Date: 9/26/2024 11:18:11 PM

Dear Provider Partner ,
This has reference to the pre-authorization request submitted on 9/17/2024 4:55:58 PM
**Claim Number:24091702078(Please quote this number for all further correspondence)**

Authorization is valid for admission up to 9/24/2024 12:00:00 AM or expiry of the policy date whichever is earlier

| | | | |
|---|---|---|---|
| Name of Hospital | : Medway Medical Centre | Name of Insurance Company | : Aditya Birla Health Insurance C |
| Address | : No:2 United India Colony, 1st Cross street, Kodambakkam Chennai | Name of TPA | : Family Health Plan Insurance T |
| City | : Chennai | Proposer Name | : |
| District | : CHENNAI | Patient's Name | : S Selvaraj |
| State | : Tamil Nadu | Insurer Id of the Patient | : ABHI51737677 |
| PinCode | : 600024 | Relation with Proposer | : Father in Law |
| Rohini ID | : 8900080347533 | | |

We here by authorize cashless facility as per details mentioned below :

| | | | |
|---|---|---|---|
| Patient Name | : S Selvaraj | Age(Years) | : 69 |
| Policy Number | : 2 81 24 0000546 000 | Gender | : Male |
| Policy Period | : 01 04 2024 - 31 03 2025 | Expected Date of Admission | : 9/17/2024 12:00:00 AM |
| Room category | : Single A/C | Expected Date of Discharge | : 9/26/2024 11:59:59 PM |
| Eligible Room Category as per T&C of Policy Contract | : Single A/C | Estimated length of stay (Days) | : 4 |
| Provisional Diagnosis | : | Proposed line of treatment | : Surgical |
| Corporate Name | : Smith & Nephew Healthcare Pvt Ltd | Branch Code | : |

**Authorization Details:**

| Date & Time | Reference number | Amount | Status |
|---|---|---|---|
| 17/09/2024 17:51 | 24091702078-1 | 80000.00 | Approved |
| 24/09/2024 23:48 | 24091702078-2 | 331371.00 | Approved |
| 26/09/2024 23:19 | 24091702078-3 | 331371.00 | Approved |

**Total Authorized amount:- Rs:331371.00(Three Lakhs Thirty One Thousand Three Hundred and Seventy One )**

**Authorization Remarks :**
Covered for Surgical Management. Final limit enhanced to Rs.331371/- MOU discount Rs.62406/- (do not collect ) base sum inured is exhauted. please collect the remaining amo member.

Hospital Agreed Tariff:

| | |
|---|---|
| I. Package case: | : |
| i. Agreed Package Rate | : |
| II. Non-package Case | : |
| i. Room Rent/day | : |
| ii. ICU Rent/day | : |
| iii. Nursing Charges/day | : |
| iv. Consultant Visit Charges/day | : |
| v. Surgeon's fee/OT/Anesthetist | : |
| vi. Others (specify) | |

Total = 474421
Approval = 331371
143050.
Hos. Discount = 62406
80644
Advance = 55000
To pay = 25644

Authorization Summary

| | |
|---|---|
| Total Bill Amount | : 474421.00 |
| *Other Deductions | : 14335.00 |
| Discount | : 62406.00 |
| Co Pay | : 0.00 |
| Deductibles | : 0.00 |
| Total Authorized Amount | 331371.00 |
| Amount to be paid by insured | |

***Other Deduction Details:**

| S.no | Description | Bill Amount | Deducted Amount | Admissible Amount | Deduction Reason |
|---|---|---|---|---|---|
| 1 | ICU Charges | 3750.00 | 0.00 | 3187.00 | |
| 2 | Room Rent | 36000.00 | 0.00 | 30600.00 | |
| 3 | Consultation | 171780.00 | 0.00 | 145945.00 | |
| 4 | Medicines Supplied By Hospital | 125936.00 | 11635.00 | 97156.00 | 11635.00/ 1290 syringe 5 mask 248 blade 3875 gloves 410 mask 660 kit 798 wipes 3 pad 375 mask 476 gown 518 hand rub 102 tray 750 sponges 6 needle 540 under pad 170 gauze, |
| 5 | Labs/Bio/Micro/Pathology/ Immuno/Histo/Cyto chemistry | 65285.00 | 0.00 | 53792.00 | |
| 6 | Others | 46750.00 | 2700.00 | 44050.00 | 700.00/ administration,2000.00/ disinfectant, |
| 7 | OT Charges | 27000.00 | 0.00 | 22950.00 | |

Terms and Conditions of Authorization: