INSURANCE

Discharge on 1/9/24

CABG

MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better
(A Unit of United Alliance Health)

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mr.THANDAVARAYAN SABHAPA
51/Male/MHI202485185
29/08/2024/IPH2024001999
IP No. _____ Dr.RAJESH.V
Room No. _____

SICU – 2
ward – 4.

D.O.A. 29/8/24 Time _____

TRANSFER DETAILS

Rent Per Day 20/-

Date	Time	From	To	Nurse's Signature
29/8/24	11:30	Admission	Third Floor (201)	
30/8/24	8:20	201	OT	
30/8/24	13:15	OT	SICU	
01/9/24	9:40	SICU	2nd Floor (201)	

OPERATION THEATRE

Date	: 30/08/2024	OT No.	: OT – II
Surgeon	: DR. RAJESH V	Start Time	: 8:30
I Asst. Surgeon	: DR. PRAVEEN JEYAKUMAR	End Time	: 13:15
II Asst. Surgeon	: DEVIKALA	Dis. Pack	: –
III Asst. Surgeon	:	Diathermy	: USED
Anaesthetist	: DR. SYLVESTER	C-Arm	: –
OT Nurse	: PARINA, CHRISTY, SASIKUMAR	Arthroscopy	: –
Name of Surgery	: OPCABG CLOSED HEART	Laproscopy	: –
		Sevoflurane / Isoflurane	: 3 hrs 5 mins
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

NA, MANMAN DRILL SAW USED, ETO THINGS 81,000 TO BE CHARGE

MONITOR

Date	Start	Date	Disconnect
30/8/24	13:20	1/9/24	9:40

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
30/8/24	13:20	31/8/24	18:00

SYRINGE PUMP

Date	Start	Date	Disconnect
30/8/24	13:20	30/8/24	14:30
30/8/24	13:20	31/8/24	4:30

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
30/8/24	13:20	30/8/24	16:20

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
30/8/24	HB, PCV, PLATELET, MAGNESIUM (11048)
31/8/24	WBC, DC, HB, PCV, PLT, UREA, CREATININE, TOTAL BILIRUBIN, TOTAL ALBUMIN, MAGNESIUM, CPK, CPK MB [11071]
01/9/24	HB, UREA, CREA, NA+, K+ (11126)
3/9/24.	CBC, urea. Creatinine, Na+, K+ (1188)

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

30/8/24	Chest X-Ray PA → (11048)		
31/8/24	Chest X-RAY PA BIS — 1 (11071)		
31/8/24	CXR - AP - 3/s — (11090)		
01/9/24	CXR AP BIS — (1) (11126)		
3/9/24	ECG, 7 Day, Echo (1193)		

CBG

DATE	NUMBERS	DATE	NUMBERS
29/8/24	1 (11941)	3/9/24	1 + (12H5)
30/8/24	1 (11941)	3/9/24	1 + (12H5)
31/8/24	2 (11071)		
31/8/24	1 (11090)		
31/8/24	1 (11119)		
01/9/24	1 (11126)		
01/9/24	1 + 1 (1194)		
2/9/24	1 + 1 (1194)		
3/9/24	1 + 1 (1194)		

ABG

DATE	NUMBERS
30/8/24	2 (11049) OT
30/8/24	1 (11048)
30/8/24	2 (11057)
31/8/24	1 (11071)

ACT

DATE	NUMBERS
30/8/24	2 (11049) OT
30/8/24	1 (11048)

PHYSIOTHERAPY

Date	
30/8/24	13:45 / 16:20 / 21:00
31/8/24	5:30 / 9:30 / 17.15
01/9/24	9:30 / 17:00
02/9/24	10:00 / 17.00
03/9/24	10:00 / 17:15
4/9/24	10:00

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
20/8/24	1 + 1		
31/8/24	1 + 1 + 1		
2/9/24	1 + 1 + 1		
2/9/24	1 + 1 + 1		
3/9/24	1 + 1 + 1		
4/9/24	1 + 1 + 1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rajesh	29/8/24	30/8/24	31/8/24	1/9/24	2/9/24	3/9/24	4/9/24
Dr. Sylvester	29/8/24						
5 Mrs. Catherine (Dietitian)	29/8/24	30/8/24	31/8/24	2/8/24	4/8/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	T-2,77,000/- ↑SR.
BILL CLEARED : 88614 Recd 0.88	Adv-1,25,000/-
RETURNS CHECKED : 4/9/24.	

CROSS MATCHING :

RESERVATION PF BLOOD : 1 O per reservation done.

STERILE TRAY USED : 1 SR TRAY O no used ii Rec on 31/8/24

TRANFUSION (BLOOD) SR Tray O used on 3/9/24

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI

Sister In-charge

AUTHORIZATION LETTER - 3

Payment Valid for Admission Between **29/08/2024** and **05/09/2024**

Changed Toll Free Phone Number : 1800 233 5666 **Authorization Fax Number : 044-28297252**

THE MEDICAL DIRECTOR
Medway Hospital

New No:8, Old No.222, 4th Cross
Street,trustpuram,kodambakkam, Chennai.
Tamil Nadu Chennai

Phone No **Fax No :**

ROHINI Code :

CCN **MDI8145684** Date **04/09/2024**
(Please quote this CCNo. in all future correspondence in this regard)

MDI ID Number **MDI5-TNEHS-0000829563**

Policy Number **010600/28/21/P000000000**

Corporate Name : S S Thandavarayan

Emp-Code 839591 S Thandavarayan

ID Card Number

Dear Sir / Madam : With respect to the "Request for Authorization Letter(RAL)" for treatment of

Mr/Ms: **S Thandavarayan** Age 50 Sex MALE at

Medway Hospital received on 04/09/2024

We are hereby issuing this "Authorization Letter" for cashless services in your esteemed institution, subject to the terms and conditions, exclusions and limitations of the health coverage plan of the patient.

1. Name of the Patient : S Thandavarayan **S.TAX Reg No :**
2. Diagnosis :
3. Proposed Line of Treatment : Surgical
4. Treating Doctor :
5. Guarantee of Payment Upto Rs : **40500** being the necessary treatment cost.

Amount in words (Rs) : Forty Thousand Five Hundred Only.

Total Authorised Amount (Rs) : AL1- Rs. 100000 + AL2- Rs. 17000 + AL3- Rs. 40500 = Rs. 157500/-

Patient Photo

Hospital Alert :

1. Incase of a change in primary diagnosis, kindly intimate MDIndia in writing immediately.
2. Charges for miscellaneous, related & allied services must be collected directly from the patient.
Examples: Registration/Admission Fees, Service Charges, Surcharge, Tel/Fax/Photocopy, Food & Beverages for relatives, Special Diets, External Implants, Supports & Accessories, Dental Treatment, Toiletries, Private Nurse Charges, Ambulance, Barber charges, etc.
MDIndia will not be liable for payments in case the information provided in the "Request for Authorization Letter" and subsequent documents during the course of authorization, is found incorrect/revised or not disclosed.

Important: Please send duly filled Claim Form Signed by the Patient, along with all the original bills / receipts, prescriptions, investigation reports and the discharge card with necessary attestation, within 15 days of discharge of the patient."

This is Computerized statement hence doesn't required signature.

Undertaking by the Patient:

I hereby authorize the hospital/provider to submit the original discharge card and all original documents related to my treatment to MDIndia and authorize MDIndia to settle my claims directly with the Hospital.

Signature of Patient :

W.E.F 1st Feb'2015 , claim payment will be made directly by United India Insurance Company Ltd. (UIIC) . If any hospital desires to have TDS exemption benefit , may please arrange for TDS exemption certificate in favor of UIIC (TAN CHEU00014A). Earlier TDS Exemption certificate in name of MDIndia TPA will not be applicable and in absence of fresh TDS certificate, UIIC will be deducting TDS at 10%. UIIC will provide TDS certificate for the same directly to hospital.

Disclaimer :

- The cashless access in MDIndia network of hospitals is merely a facility extended to the patient by the Insurance Company. MDIndia / Insurance Company doesn't guarantee the availability, quality & outcome of treatment, which is the sole responsibility of the provider. Choice of hospital/provider is the right of the patient.
- It is mandatory to send us in bed photograph at time of cashless request in order to process the claim.
- For Cataract surgeries, it is mandatory for the A scan and B scan to be attached with the claim file, else, the claim will not be paid.
- For Angioplasty cases, it is mandatory to attach the Angioplasty reports, invoice of stent and stent pouch, else, the claim will not be paid.
- For Fracture cases, it is mandatory to submit the pre and post-operative X ray photographs along with the claim file, else, the claim will not be paid.
- During hospitalization, if the patient is put on ventilator, it is mandatory to provide a photograph of the same.