

22 AUG 2024

Insurance?



Mr.S.S.ELAMARAN SELVAM

28/Male/MIIV202404152

19/08/2024/IPV2024060722

Dr.K.GAYATHRI MD



ING CARD

22 AUG 2024

MH/ PRINT / 0007 / BILL / FO

D.O.A. 19/8/24 Time 10.00 PM

Patient Name

IP No.

Room No. Single Room 19c-315

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
19/8/24.	10pm	ER	KIARD	O. Edhi/001A.

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 :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
Date :	OT. No. :
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

[illegible]

HDFC ERGO General Insurance Company Limited



Cashless Enhancement Letter

Claim Number : RC-HS24-14404889_1 (Please quote this number for all further correspondence)

Date : 22/08/2024

Authorization is valid for admission up to 06/09/2024

To ME DWAY HOSPITALS, NO 15 RANGANATHAN ROAD POONTHOTTAM VILLUPURAM NO 15 RANGANATHAN ROAD POONTHOTTAM VILLUPURAM ,, VILLUPURAM,TAMIL NADU, 605602, Contact No.-00000-000000,, Referral Id : 80000000000117	Name of Insurance Company : HDFC ERGO General Insurance Company Limited Name of TPA : - Proposer Name : ELAMARAN SELVAM Patient's Member : 2023310027936822 ID/TPA/Insurer Id of Patient Relation with Proposer : Self
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Dear Sir / Madam,

This has reference to the pre-authorization request submitted on 22/08/2024 We hereby authorize cashless facility as per details mentioned below

Details of Patient

Patient Name	: Elamaran Selvam	Age	: 28 yrs	Gender	: Male
Policy Number	: 2856205434908201	Expected Date of Admission	: 19/08/2024		
Policy Period	: 01/MAY/2024 To 30/APR/2025	Expected Date of Discharge	: 22/08/2024		
Room Category Eligible room category as per T & C of Policy Contract	: Private AC	Estimated length of stay	: 4		
Provisional Diagnosis	: acute hepatitis	Proposed line of treatment	: Conservative		

Authorization Details

Date & Time	Reference Number	Amount	Status
22-08-2024 16:35:54	RC-HS24-14404889_1	38776	Pre Auth Approved

Total Authorized amount : INR 38775.60 /- (Thirty Eight Thousand Seven Hundred Seventy Five and Sixty only). Note-Previous authorisation stand cancelled

Authorization Remarks : Covered for active medical/surgical management requiring hospitalization only. Claim will be settled as per tariff irrespective of approved amount. Member has availed PROTECTOR RIDER:- non-medical amount not to be collect from patient. Room category -covered up to entry level Single room.

The final bill amount shall be generated as per the MOU (Memorandum of Understanding) for discount and tariff rates. Non-compliance would warrant the recovery of excess amount.

Hospital Agreed Tariff

I.Package case :

Agreed package.....

II. Non-package Case :

- Room Rent/day.....
- ICU Rent/day.....
- Nursing Charges/day.....
- Consultant Visit Charges/day.....
- Surgeon's fee/OI/Anaesthetist.....
- Others (specify).....

Authorization Summary

Other Deduction Details

Bill Number	Service Type	Bill Amount	Tariff Deduction	Deduction	Discount	Settled Amount	Deduction Remark
0000	Professional Fees Charges	5000	0	0	500	4500	
0000	pharmacyBillHead	9009	0	0	0	9009	
0000	Investigation Charges	14574	0	0	1457.40	13117	
0000	Room & Nursing Charges	13500	0	0	1350	12150	
	Total	42083	0	0	3307.40	38776	

(Less) Policy Deductible	0
Total after policy deductible	38776
(Less) Co-Payment	0
(Less) Zonal Co-Payment	0
Special Discount	0
(Less) Premium Recovered	0
(Add) GST	0
Pre Authorized Amount	38776
Amount to be paid/collected by Insured	0

Tariff deduction and discount not to be collected from the insured.

Terms and Conditions of Authorization

1. Cashless Authorization letter issued on the basis of information provided in Pre- Authorization form. In case misrepresentation/concealment of the facts, any material difference/ deviation/ discrepancy in information is observed in discharge summary/ IPD records then cashless authorization shall stand null & void. At any point of claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain 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 costs 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 costs 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 policyholder from the Network Provider and/or take necessary action, as provided under the MoU.
6. Where a treatment/procedure is to be carried out by a doctor/surgeon of insured's choice (not empaneled with the hospital), Network Provider may give treatment after obtaining specific consent of policyholder.
7. Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

1. Detailed Discharge Summary and all Bills from the hospital
2. Cash Memos from the Hospitals / Chemists supported by proper prescription.
3. Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such Diagnostic supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests.
4. Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
5. Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge.

Name of the Product Optima Secure - Family and UINNo - :- Important Policy terms & conditions (sub-limits/co-pay/deductible etc)

POINTS TO BE NOTED BY INSURED IN SUPPORT OF THE CLAIM