Ref: Dr. Madhavayya
Mr. Pillai

INSURANCE

INSURANCE & TPI / PPI

Discharge on 26/8/24

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mr.UMAR YUSUF KHAN GULAM
83/Male/MHI202485368
21/08/2024 IPH2024001935
IP No.
Dr.K.JAISHANKAR
Room No.

T-H, 30,000 + M

D.O.A. 21/08/24 Time 07:58 pm

CCU - 2.5
ward - 2.5

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
21/8/24	22:00	FRONT OFFICE	CCU	
23/8/24	8:15	CCU	Cath lab.	
23/8/24	11:30	Cath lab	CCU	
24/8/24	11:00	CCU	2nd floor - 209-M	

OPERATION THEATRE

Date	: 23/8/24	OT No.	: Cath Lab II
Surgeon	: Dr. Jaishankar	Start Time	: 8.45
I Asst. Surgeon	:	End Time	: 10.45
II Asst. Surgeon	:	Type	:
III Asst. Surgeon	:	Anesthesia	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Panchavarnam	Arthroscopy	:
Name of Surgery	: CAG+TPI+PPI	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
21/8/24	22:00	24/8/24	11.30

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect	
22/08/24	00:00	23/8/24	9.00.	IN
22/08/24	00:00	24/8/24	8.30	IN

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
21/8/24	23:00	23/8/24	@ 6:00

VENTILATOR

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
21/8/2024	CATH PACK (0643)
22/8/2024	TFT, RFT (0651)
23/8/2024	CBC, RFT, (0710)
24/8/24	CBC, RFT (0760
25/8/24	RFT (0794)

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

21/8/24	ECG - (1)+(1) ~~0760~~ (0660)		
23/8/24	ECG - (1) (0670)		
23/8/24	CXR AP (0700)		
23/8/24	ECG (0700)		
23/8/24	ECG (0700)		
24/8/24	ECG 0760) CX-Ray (0766)		

CBG

DATE	NUMBERS	DATE	NUMBERS
21/8/24	CBG (1) (0670)	21/8/24	1+1 (0730)
22/8/24	CBG (1) (0670)	22/8/24	1 (0660)
22/8/24	(1) (0670)		
22/8/24	1 (0680)		
23/8/24	CBG (0700)		
23/8/24	1 (0700)		
24/8/24	(1) (0760)		
24/8/24	1+1 (0870)		
25/8/24	1+1+1		

ABG

DATE	NUMBERS	DATE	NUMBERS
21/8/24	1 (0660)		
22/8/24	1 (0660)		
22/8/24	1 (0670)		
22/8/24	(1)		

ACT

DATE	NUMBERS

PHYSIOTHERAPY

Date	

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. J mithaelan.	21/8/24	22/8/24	23/8/24	24/8/24	25/8/24	26/8/24	—
Ms. Catherine (Dietician)	22/8/24	23/8/24	24/8/24	26/8/24	→		
Ms. Sevathal (Psychologist)	26/8/24						

PHARMACY		AMBULANCE
OT DRUGS REPLACED :		MM – 50,000
BILL CLEARED :	35087 / 9000 0.78	TPI – 30,000
RETURNS CHECKED :	26/8/24.	PLUT – 3,68,000
		15K.

4,48,000

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED : 2 Sterile used (27/08/24)

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : TPI done on 21/8/24

Admission Officer : Chequera. XC.

Sister In-charge

AUTHORIZATION LETTER - 2

Payment Valid for Admission Between **21/08/2024** and **28/08/2024**

Changed Toll Free Phone Number :18002335544 **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

CCN **MDI0063614** Date **26/08/2024**

(Please quote this CCNo in all future correspondence in this regard)

MDI ID Number	**MDI5-MC-0000148399**
Policy Number	**010600/48/23/41/00000000/76**
Corporate Name :	Umaryousuffkhan
Emp-Code	3032 Umaryousuffkhan

Dear Sir / Madam, With respect to the "Request for Authorization Letter(RAL)" for treatment of Mr/Ms. Umaryousuffkhan Age 83 Sex Male at Medway Hospital received on 26/08/2024

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.

S.TAX Reg No :

1. Name of the Patient: Umaryousuffkhan
2. Diagnosis:
3. Proposed Line of Treatment: Surgical
4. Treating Doctor:
5. Guarantee of Payment Upto (Rs): 98540 being the necessary treatment cost.

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

Total Authorised Amount (Rs): AL1 Rs. 100000 + AL2- Rs. 98540 = Rs. 198540/-

Patient Photo

Hospital Alert :

1. Incase of a change in primary **diagnosis, kindly intimate MDIndia in writing immediately.**

3. 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.

*****PS. Please quote your PAN no. immediately thru mail to empanelment@mdindia.com **without fail and confirm with our team about** updation of the same on Tel no. 020 25300036, in absence of which TDS @ 20% will **be deducted from Cashless Payments.***

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 7 days of discharge of the patient."**

Pre-operative & post operative x ray plates for claims of Fracture & joint replacements along with the claim documents

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 authorise MDIndia to settle my claims directly with the Hospital.

Signature of Patient :

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.**

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

MDIndia Health insurance TPA Private Limited.

Guna Complex, New Door No. **443 & 445,Old Door No. 304 & 305, Annasalai,Teynampet, Chennai – 600018**
Toll free No : 1800-233-5544 **Email : nhisp_customercare@mdindia.com; nhisp_authorisation@mdindia.com**
www.tnnhis2014.com

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

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

CREDIT-BILL

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
23/08/2024	**AUC/WS524 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	PACEMAKER ASSURITY IMRI	1	30041010	5719611	07/25	1	0	5 %	8128.96	162579.2	1170708.	162579.22
2	1 NA	LEAD TENDRIL 58	1	30049011	EEM118129	03/27	1	0	18 %	2017.80	11210.00	13227.80	11210.00
3	.	LEAD TENDRIL	1	90189099	EEL171237	02/27	1	0	18 %	2017.80	11210.00	13227.80	11210.00
4	.	SHEATH 6F REF 405104	1	90183990	10085163	10/26	2	0	12 %	368.16	1534.00	1718.08	3068.00
5	1 NA	DISPOSABLE SURGICAL CABLE	1	30041010	2329806	10/26	1	0	18 %	0.00	0.01	0.01	0.01
6	1 NA	PREMOFIX PM/ICD SET	1	30041010	8220757	09/27	1	0	18 %	350.85	1949.15	2300.00	1949.15

ITEMS : 6 QTY : 7 BASE :190016.38 SGST : 6441.78 CGST : 6441.78 GST : 12883.57 Goods Value: 190016.38

Category	Gross	CGST	SGST	Amount
5 %	162579.22	4064.48	4064.48	170708.18
12 %	3068.00	184.08	184.08	3436.16
18 %	24369.16	2193.22	2193.22	28755.61

P(Disc)	DB		
	CR		
	CD	0.00	0.00
Rounded Net Amount			**202900.00**

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Two Lakhs Two Thousand Nine Hundred Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-UMAR YUSUF KHAN GULAM-IP-2024001935-DR.JAISHANKAR
Customer Outstanding: **116611695.00**

For AUCTUS LABS PRIVATE LIMITED

User Name
HARI

AUTHORIZED SIGNATORY