Dasvadance

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Mrs.KAMALADEVI K
38/Female/MHM202406487
22/08/2024/IPM2024000732
Dr.VAISHNAVI GANESAN

Patient Name Kamaladevi D.O.A. 22/8/24 Time 9:30pm

IP No. IPM2024000732

Room No. 302 Rent Per Day ₹1000

TRANSFER

Date	Time	From	To	Sister Signature
22/8/24	10 pm.	ER.	3rd Floor 302.	Paul 3no.

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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
22/8/24	CBC / RFT / LFT / CRP (5947)
23/8/24	peripheral smear, TIBC, SI Iron (5983)
26/8/24	CBC (6051)

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

22/8/24	ECG (5982)		
24/8/24	U.S.G. Abdomen (6012)	Dr. Joshi	

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. VAISHNAVI	23/8/24	24/8/24	25/8/24				
DR. Santhoshi	26/8/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge

Cashless Authorization Letter (39391448)
(Please quote this reference number in all future correspondence)

E-card | Claims | Plan hospitalization | Hospitals

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP39391448

Date :26 Aug 2024

To,

The Administrator / Medical Superintendent,
Medway Hospital,
NO PC7 & PC7A, BLOCK: 4,, BHARATHI SALAI, NOLAMBUR, MOGAPPAIR WEST, CHENNAI 600037
Hospital ID: (298883)
Rohini Id: 8900080475298

Dear Partner,

With reference to your request (39391448) for final cashless pre-authorization, we here by authorize INR **63751** against your final bill amount INR 70313. The details of the pre-authorization are as follows:

Patient Details

Patient Name	K Kamaladevi
Relation to Primary Beneficiary	Spouse
Age	37
Gender	F
Insurance Company	The Oriental Insurance Co. Ltd.
Medi Assist ID	5110340281
Policy Holder	Axis Securities Limited
IP No.	
Policy No.	590000/48/2024/1013
Policy/Plan Period	01 Oct 2023 to 30 Sep 2024
Primary Beneficiary	Bharathi A
Insurer Claim No	
Insurer Member ID	

Treatment Details

Provisional Diagnosis	Urinary tract infection, site not specified
Expected/Actual Date Of Admission	22 Aug 2024
Treating Doctor	VAISHNAVI GANESAN
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	26 Aug 2024
Room Category Occupied	Single private room
Length Of Stay	4
Eligible Room Category	Single Ward (Private / Special / Executive Ward)

Total Authorized amount Rs 63751 (Sixty Three Thousand Seven Hundred and Fifty One).

Authorization Remarks :

al

Note: If Top Up is available and applicable, as per policy conditions, Top Up claims will be processed and additional amounts will be approved along with base amount as per your benefit.

Authorization Summary

Total bill amount (INR)	70313
Other Deductions(INR)*	3246
Hospital Discount (INR)	3316
Deductibles (INR)	0
Total Authorized Amount(INR)	63751
Amount to be paid by Insured (INR)	3246

Total = 70312
Approval = 63751
Hospital Discount = 6561 − 3316 = 3245
Advance 5000
1755 To refund