Ms.SNEHA V K
27/Female/MHM202406556
01/09/2024/IPM2024000767
Dr.VAISHNAVI/ARAVINDH

R.T :

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name

D.O.A. 01.09.24 Time 9 am

IP No. IPM2024000767

Room No. 111

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
1/9/24	10.00AM	ER	Ist Floor	M. Kamisury
1/9/24	2.00PM	1st floor	OT	M. Kamisury
1/9/24	4 pm	OT	1st Floor	[illegible]

OPERATION THEATRE

Date : 1/9/24	OT No. : 1
Surgeon : DR ARAVIND.	Start Time : 3 pm
I Asst. Surgeon :	End Time : 3.45 pm
II Asst. Surgeon : DR. Keerthanya	Dis. Pack :
III Asst. Surgeon :	Diathermy : used
Anaesthetist : DR Senthil kumar	C-Arm :
OT Nurse : S/N Jasson basam	Arthroscopy :
	Laproscopy :
Name of Surgery :	Sevoflurane / Isoflurane :
Excision BIOPSY. U LA.	Inj. Fentanyl : 4mL used
	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 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
1/9/24	specimen Breast Lump (Rt) sent to / for HPE, main Hospital (6246)

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

1/9/24	X-ray (6238) ECG (6238)		

CBG

1/9/24	CBG 1 (6238)						

PHYSIOTHERAPY

Date	

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Aravindh.							

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Rs. 14428.00 BILL CLEARED : 16.10pm RETURNS CHECKED : 2/9/24	

Other Procedures : (specify) :-

Clearance
3052

Admission Officer :

3198
Sister In-charge

VIDAL HEALTH
INSURANCE THIRD PARTY ADMINISTRATOR

Cashless Authorization Letter

(Part-D)

Printed on 02/09/2024
Date : 02/09/2024

Claim Number: CHE-0824-PA-0003603 (please quote this number for all further correspondence)

Authorization is valid for admission up to 01/09/2024

MEDWAY HOSPITAL NO. PC-7 PC-7A BARATHI SAIAI NOLAMUR , MOGAPPALR WEST Tamilnadu , 600037 Rohini Id: 8900080475298	Name of Insurance Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
	Name of TPA	: Vidal Health Insurance TPA Pvt Ltd
	Proposer Name	: SNEHA V K
	Patient's MemberID / TPA/Insurer Id of the Patient	: CHE-BA-A1409-004-0021832-A
	Relation with Proposer	: Self

Dear Sir /Madam ,
This has reference to the pre-authorization request submitted on 02/09/2024 01:53 PM , We here by authorize cashless facility as per details mentioned below:

Patient Name	: SNEHA V K	Age : 27	Gender : Female
Policy Number	: OG-24-1501-8403-00000152	Expected Date of Admission	: 01/09/2024
Policy Period	: 01-11-23 TO 31-10-24	Expected Date of Discharge	: 02/09/2024
Room category	: General Multi-Bed	Estimated length of stay	: 1 days
Eligible Room Category as per T&C of Policy Contract	: General Multi-Bed		
Provisional Diagnosis	: RIGHT BREAST FIBRODENOMA	Proposed line of treatment	: surgical management
Insurer Claim Number	:		

Authorization Details :

Date and time	Reference number	Amount	Status
02/09/2024 03:47 PM	CHE-0824-PA-0003603	77000	Approved

Total Authorized amount:- Rupees Seventy Seven Thousand Only **(in words)**

Authorization Remarks:
FINAL APPROVAL GIVEN AS PER THE PACKAGE.

Hospital Agreed Tariff:

I Package case :

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 / Anaesthetist :

vi. Others (specify) :

Authorization Summary:

Total Bill Amount	: 77000.00	(INR)
*Discount	: 0.00	(INR) (At the time of Final Authorization)
Excess of package amount. (Not to be collected from the insured)	: 0.00	(INR) (At the time of Final Authorization)
*Other Deductions	: 0.00	(INR) (At the time of Final Authorization)
Co-Pay	: 0.00	(INR)
Co-Pay Buffer	: 0.00	(INR)
Deductibles	: 0.00	(INR)
Exceeds Policy Limit	: 0.00	(INR)
Policy Deductable Amount	: 0.00	(INR)
Total Authorised Amount:	: 77000.00	(INR)
Amount to be paid by Insured	: 0	(INR) (At the time of Final Authorization)

*** Discount & Other Deduction Details**

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	PACKAGE CHARGES	77000.00	0.00	77000.00	