BILLING CARD

Mrs.NAGAMANI
80/Female/MHM202406590
27/08/2024/IPM2024000747
Dr.MEDWAY HOSPITAL

Patient Nam
IP No. ____

D.O.A. 27/8/24 Time 12.01 PM

Room No. _____ Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
27/8/24	1.30pm	ER	1st floor (113)	Kavi 3196
28/8/24	2.30pm	113	OT	3200
28/8/24	6.30PM	OT	ICU	3071
29/8/24	1pm.	ICU	1st floor	3184

OPERATION THEA TRE

Date	: 28/8/24	OT No.	: OT-1
Surgeon	: DR. BASKARAN	Start Time	: 3. PM
I Asst. Surgeon	: DR. [illegible], DR [illegible]	End Time	: 6 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: USED
Anaesthetist	: DR. SARAVANA KUMAR	C-Arm	:
OT Nurse	: JAISON, [illegible]	Arthroscopy	:
Name of Surgery :		Laproscopy	:
Implant Removal + THR (R) under SPINAL + EPIDURAL.		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2mg USED
		Others	: Bioline company Implant used

MONITOR

Date	Start	Date	Disconnect
29/8/24	6.30pm	29/8/24	6.30am.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
29/8/24	12am	29/8/24	5am.

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
27/8/24	Blood group and typing / serology (card) BT. CT. PT, INR. APTT (60743)
27/8/24	RBS, urea. creat, LFT, electrolytes (60746)
	Urine complete (60747)
28/8/24	Thyroid profile free (60744), Lipid profile (60855).
29/8/24	Hb, urea, creatinine (61063)
30/8/24	HB (61466)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
27/8/24	ECG (6075) chest ray		
	Echo (6080) done by Dr. Komaravel.		
29/8/24	Hip Joint AP (Bedside) (6102)		

CBG				CBG			
27/8/24	CBG 1 (86074)						

Date	PHYSIOTHERAPY Rs. 600/- per session
29/8/24	7:00 pm
30/8/24	12:30 pm

NEBULIZER				NEBULIZER			

Per visit - 700/-

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr BASKARAN	27/8/24	28/8/24	29/8/24	30/8/24	31/8/24	1/9/24	
Dr. Kumaravel.	27/8/24						
DR. SIVAKUMAR	28/8/24						

PHARMACY

OT DRUGS REPLACED : Bill Amount = 132363/-

BILL CLEARED :

RETURNS CHECKED :

31/8/24 7.20 pm

AMBULANCE

Other Procedures : (specify) :-

27/8/24 - 2 unit PRBC reservation done at Medway Blood bank

30/8/24. Dressing done. By. DR. Baskar

OT CLEARANCE. 3202

1/9/24 Dressing done

Catheterization done On 28/8/24 in Room no 113.

: Trasfusion.

28/8/24 10 unit PRBC done by OT

29/8/24 10 unit PRBC transfusion done at ward

Admission Officer :

3202

Sister In-charge

VIDAL HEALTH
INSURANCE THIRD PARTY ADMINISTRATOR

Cashless Authorization Letter

(Part-D)

Printed on 31/08/2024
Date : 31/08/2024

Claim Number: CHE-0824-PA-0002631 (please quote this number for all further correspondence)

Authorization is valid for admission up to 27/08/2024

MEDWAY HOSPITAL NO. PC-7 PC-7A BARATHI SAIAI NOLAMUR , MOGAPPALR WEST Tamilnadu , 600037 Rohini Id: 8900080475298	Name of Insurance Company Name of TPA Proposer Name Patient's MemberID / TPA/Insurer Id of the Patient Relation with Proposer	: TATA AIG GENERAL INSURANCE COMPANY LTD : Vidal Health Insurance TPA Pvt Ltd : BABU G : CHE-TA-M0968-059-0000836-D : Mother

Dear Sir /Madam ,
This has reference to the pre-authorization request submitted on 31/08/2024 06:49 PM , We here by authorize cashless facility as per details mentioned below:

Patient Name : NAGAMANI G		Age : 80	Gender : Female
Policy Number : 0239792049		Expected Date of Admission : 27/08/2024	
Policy Period : 31-05-24 TO 30-05-25		Expected Date of Discharge : 31/08/2024	
Room category : General Multi-Bed Eligible Room Category as per T&C of Policy Contract : General Multi-Bed		Estimated length of stay : 4 days	
Provisional Diagnosis : FAILED DHS IMPLANT		Proposed line of treatment : surgical management	
Insurer Claim Number : 0822838881A			

Authorization Details :

Date and time	Reference number	Amount	Status
31/08/2024 10:13 PM	CHE-0824-PA-0002631	300000	Approved

Total Authorized amount:- Rupees Three Lakh Only (in words)

Authorization Remarks:
APPROVED FINAL AS PER AVAILABLE SI

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	: 33420000	(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	: 16755.00	(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	: 17445.00	(INR)
Policy Deductable Amount	: 0.00	(INR)
Total Authorised Amount:	: 300000.00	(INR)
Amount to be paid by Insured	: 34200	(INR) (At the time of Final Authorization)

*** Discount & Other Deduction Details**

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	LABORATORY INVESTIGATIONS	24663.00	0.00	24663.00	
2	MISCELLANEOUS CHARGES	700.00	700.00	0.00	ADMIN CHARGES DEDUCTED
3	OT CHARGES	27000.00	0.00	27000.00	
4	PHARMACY	137037.00	8555.00	128482.00	DEDUCTE SYRINGES GLOVES ETC NMEQ
5	PROFESSIONAL	121200.00	0.00	121200.00	
6	ROOM/BOARDING EXPENSES	12500.00	0.00	12500.00	
7	SERVICE CHARGES	7500.00	7500.00	0.00	DEDUCTED DIATHERMY , DISINFECTION INSTRMENT CHARGES
8	SPE PROC CHARGES	3600.00	0.00	3600.00	

TOTAL BILL = 334200

APPROVED : 300000

34200