Mr.KISHORE.R
24/Male/MHV202404293
28/08/2024/IPV2024000759
Dr.K.GAYATHRI MD

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

30 AUG 2024

Pa

IP No.

D.O.A. 28/08/24 Time 1:00 pm

Room No. Single room A/c -313

Rent Per Day 2200/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/8/24	1.45pm	OPD	ward (313)	S/N [illegible]

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.	:
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
28/8/24	CBC, ESR, WIDAL SLIDE, DENGUE IGM ELISA, SCRUB TYPHUS AB, URINE ROUTINE ANALYSIS, UREA, CREATININE, Sr. ELECTROLYTES (5269) CBC (5275)
29/8/24	Plt, PCV (5291)
30/8/24	plt. pcv (5323)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
29/8/24	Xray chest PA (530H)		

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			
29/8/24	1+		
30/8/24	1		

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Gayathri (MD)	28/8/24 1245pm	29/8/24 at 11 AM	?				

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

Other Procedures : (specify) :-

28/08/2024

Admission Officer :

Sister In-charge

Bajaj Allianz General Insurance Co. Ltd.

Caringly yours

BAJAJ Allianz

Cashless Authorization Letter

Date :- 30 Aug 2024

6845938

AL No : HAT /25/6845938 (Please Use this no for any communication regarding this AL)

Claim Number OC-25-1002-8441-00010921

Authorization is valid for admission up to 12-Sep-2024

MEDWAY HOSPITALS (A UNIT OF UNITED ALLIANCE HEALTH CARE PVT.LTD) - VILLUPURAM
NO.15, RANGANATHAN ROAD,POONTHOTTAM, KALYAN THEATRE OPPOSITE , VILLUPURAM - 605602

VILLUPURAM
Pin Code:- 605602
Phone No:- (4146)242000 Fax No:- (4146)

Rohini Id :- 8900080589117

Proposer Name:- S.Radhakrishnan

Relation with Proposer:- Son

Patient ID card Number:- 24-406783709B

Dear Sir/Madam,

This has reference to the pre authorization request submitted on 28-AUG-24 . We here by authorize cashless facility as per details mentioned below:

Patient Name : R.KISHORE	**Age :** 24
Policy Number : OG-24-2765-8441-00000038	**Gender:** Male
Expected Date Of Admission : 28-AUG-24	**Expected Date Of Discharge :**30-AUG-24
Policy Period : 20-DEC-23 to 19-DEC-24	**Estimated length of stay :** 2
Availed Room Category : PRIVATE A/C	**Eligible Room category :**
Provisional Diagnosis : AFI/ ?DENGUE FEVER	**Proposed line of treatment :** MEDICAL

Authorization Details:-

Date and Time	Reference Number	Amount	Status
28-AUG-2024	6845938	10000	CASHLESS APPROVED
30-AUG-2024	6845938	17663	CASHLESS APPROVED

Total Authorized amount: TWENTY-SEVEN THOUSAND SIX HUNDRED SIXTY-THREE Rs/-

Hospital Agreed Tariff:-

I.	Package Case	
	Agreed Package Case	/-
II.	Non Package Case	
i.	Room rent /day -	0/-
ii.	ICU rent /day -	0 /-
iii.	Nursing Charges /day-	0/-
iv.	Consultant Charges /day-	0/-
v.	Surgeon's fee -	0/-

vi. OT charge - 0/-
vii. Anaesthetist - 0/-
viii. Others - /-

Authorization Summary:-

Particular	Bill Amount	Disallowed Amount	Tariff Excess Deduction	Approved Amount	Disallowance Reason
Room Charges	11250	0	0	11250	
Doctor Charges	4200	0	0	4200	
Radiology Charges	510	0	0	510	
Pharmacy Charges	6116	143	0	5973	Gloves Medium Latex-Gloven-96,Easyfix (M) 1S-47
Discount***	2454	2454	0	---	10% on total bill excluding medicines & implants..(For all cashless claims)
Pathology Charges	8184	0	0	8184	
Equipment Charges	400	400	0	0	Nebulizer Charge-400

Payment Details

Claimed Amount	**30660**
Total Approved Amount	**27663**
Disallowed Amount	2997
Amount to be collected from Insured	543 — NMF
Beneficiary Name	FOR UNITED ALLIANCE HEALTHCARE PVT LTD

Authorization Remarks :

*

*All expenses incurred on non medical items must be collected from the patient at the time of discharge, kindly refer the circulated list of Bajaj Allianz website www.bajajallianz.com for more information on the non payable item.

*Please send Medicine and Investigation bill break up with original claim documents for settlement mandatorily.

* IPD Discount of 10% on total bill excluding medicines & implants..(For all cashless claims)

Terms and conditions of Authorizations:

1. Above mentioned IPD discounts will be auto adjusted in the Balanced Sum insured of the policy holder, during the time of final claim settlement with the hospital.

2. 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.

3. KYC (Know your customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh.

4. Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except costs to