INSURANCE

MH/ PRINT / 0007 / BILL / F

BILLING CARD

Patient Name: Mrs.SHOBANA K
40/Female/MHM202406615
29/08/2024/IPM2024000754

D.O.A. 29/8/24 Time 12:00 P

IP No. _____

Dr.VAISHNAVI GANESAN

Room No. ___

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/08/24	9.15pm	ER	ICU	Sis Kavi

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	:

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
29/08/24	CBC, CR.P., ESR (6118) Urine RE, urine cls (20x6119) RFT, LFT (6124) Blood cls (6129)
30/8/24	Covi/ influenza virus Banal (6188)
30/8/24	Sputum cls, AFB (6168)
31/8/24	lipid profile, HbA1C, TFT (6192)
01/9/24	CBC, RFT (6118)

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

29/8/24	X-Ray Chest (6120)	ECG	(6132)
31/8/24	CT PNS, CT chest	(6214)	

CBG

29/8/24	(1)	(6132)	

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

29/08/24	1+1+1		
30/8/24	(3)+4		
31/8/24	(2)+(2)+(1)+(1)		
01/9/24	(2)+3		
2/9/24	(1)+1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi	29/8/24	30/8/24	31/8/24				
DR Suprajan	30/8/24						
Dr. Elakya	31/08/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Rs. 8974.00	
BILL CLEARED :	
RETURNS CHECKED : 2/9/24 16.17PM	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP124138160

Date :02 Sep 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 (124138160) for final cashless pre-authorization, we here by authorize INR **76537** against your final bill amount INR **89453**. The details of the pre-authorization are as follows:

Patient Details

Patient Name	K Shobana
Relation to Primary Beneficiary	Spouse
Age	40
Gender	F
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	4057480098
Policy Holder	BNY Mellon International Operations (India) Pvt.Ltd
IP No.	
Policy No.	91000034230400000152_Base_BKIChennai
Policy/Plan Period	01 Jan 2024 to 31 Dec 2024
Primary Beneficiary	Karthick Kumar N S
Insurer Claim No	TP00391000024900034127
Insurer Member ID	MEMBER5442

Treatment Details

Provisional Diagnosis	Fever, unspecified
Expected/Actual Date Of Admission	29 Aug 2024
Treating Doctor	VAISHNAVI GANESAN
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	02 Sep 2024
Room Category Occupied	Single private room
Length Of Stay	4
Eligible Room Category	Single Ward (Private / Special / Executive Ward)

Total Authorized amount Rs 76537 (Seventy Six Thousand Five Hundred and Thirty Seven).

Authorization Remarks :

FINAL APPROVAL, PLEASE DON'T COLLECT HOSPITAL DISCOUNT FROM PATIENT.

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.

TOTAL : 89453
APPROVED : 76537
12,916
DISCOUNT : 5923
6993
APPROVED : 5000
1993 - TOPUP

Authorization Summary

Total bill amount (INR)	89453
Other Deductions(INR)*	6993
Hospital Discount (INR)	5923
Deductibles (INR)	0
Total Authorized Amount(INR)	76537
Amount to be paid by Insured (INR)	6993