

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

*Insurance*Patient Name PREYANKAD.O.A. 5/9/24 Time 12:30pmIP No. IPM2024000Room No. 302

Ms. PREYANKA. P

15/Female:MHM202406657

05/09/2024/1PM2024000783

Dr. VAISHNAVI GANESAN

Rent Per Day 1000

Date	Time		To	Sister Signature
5/9/24	2 <sup>30</sup> pm	ER	302 (3 <sup>rd</sup> floor)	Krishna Rao

**OPERATION THEATRE**

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
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 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 :

[illegible]
$$5 \mid 9 \mid 27$$

6/9/24

PC, Platelet, SEPT, SEPT (635A)



[illegible]

[illegible]

PHARMACY		AMBULANCE	
OT DRUGS REPLACED :	Bill Amount = 2519.00		
BILL CLEARED :			
RETURNS CHECKED :	2 PM 06/09/24		
Other Procedures : (specify) :-		Diet	
		EEG, NCS	
		OT Instruments	
		Endoscopy/colonoscopy	
Admission Officer : <i>[Signature]</i> 3159		Sister In-charge : <i>[Signature]</i> 3159	



**RELIANCE****GENERAL  
INSURANCE**

Dated: 06-Sep-2024

AL Number : 102240065826-01

Medway Medical Centre  
Medway Hospitals No: 2 United India Colony 1st Cross Street, Kodambakkam, Chennai 600 0024 (Opp: Sekarz Stores)  
Medway Hospitals No: 2 United India Colony 1st Cross Street, Kodambakkam, Chennai 600 0024 (Opp: Sekarz Stores),  
CHENNAI, CHENNAI  
TAMIL NADU  
600024  
91-9789885946

Dear Sir/Madam,

Subject: Cashless authorization letter to the hospital for the treatment and guarantee of payment.

We hereby authorize and guarantee for payment up to Rs. 14224.00, (Fourteen Thousand Two Hundred Twenty Four) only for Admission/ Pre-Authorization request note sent by you with the following information:

Name of the patient:	MS.P PREYANKA		
Class of Accommodation:	Single Room Ac	Per Day Limit:	4000.00
For provisional diagnosis:	DENGUE FEVER	Date of Admission:	05-Sep-2024
Previous Authorized Limit:	Rs. 40000.00	Hospital Package Applicable:	No
Additional Sum Sanctioned:	Rs. -25776.00	Package Limit:	
Co-Payment Amount:	Rs. 0.00		
Total Sanctioned Amount:	Rs. 14224.00		

Claimed Amount	Non Payable	Total Admissible Amount	Compulsory Deductible	Co-payment	Discount	Approved Amount
18455.00	4231.00	14224.00	0.00	0.00	0.00	14224.00

Remarks: Based upon the claim/case. 1) Kindly furnish the detailed course of hospitalization along with the discharge summary & the break-up of the final bill before discharge of the patient. 2) Furnish the investigation reports. 3) Please quote this AL number in your reply. 4) Final claim Settlement will be as per MOU & Policy T&C.

Important Instructions to Hospitals 1) If the hospital bill is estimated to be higher than the guarantee of payment, a request letter for additional amount needs to be sent to RGICL. 2) If no further guarantee is available, the hospital must collect the excess amount directly from the beneficiary at the time of admission/ prior to discharge from the hospital, as per hospital rules and regulations 3) Please collect the hospital bill summary with final bill with details of units of each service (authenticated by patient's signature). 4) Please collect the discharge summary and reports of all investigations (original). 5) Please collect an undertaking from the insured / patient for submitting higher documents to RGICL Ltd in original. 6) i) Charges for the following miscellaneous services and related allied services must be collected directly from the patient's Registration / admission charges ii) Ambulance charges (unless authorized) iii) Attendant / visitor pass charges iv) Special nursing charges not authorized by the attending doctor v) Service charges not forming a part of the bed charges in general ward, maintenance charges, surcharges vi) Charges for extra bed for attendant etc vii) Bed retaining charges viii) Charges for TV, Laundry etc ix) Telephone/Fax charges x) Food and Beverages for attendants and visitors xi) Toiletries etc xii) Purchase of medicines not related to the treatment xiii) Stationery, Xerox or certifying charges.

**External Remarks :**

Rs 1531/-deducted towards proportionate charges as member opted higher room category on eligibility. Rs 2700/-deducted towards non medical expenses, please collect the same from member. Final bill will be settled as per agreed MOU/Tariff.

For any assistance, please contact us at the address/email mentioned below.

Please quote Pre-Auth No.: 102240065826-01 in all your future correspondence.

Yours Sincerely,  
Team RCare Health  
Reliance General Insurance Co. Ltd.

Important Note: This authorization is valid for Admission within 15 days from the Date of Admission mentioned or expiry/cancellation of the Insurance policy whichever is earlier. This Authorization becomes null and void if the patient is discharged before the date of this letter issuance. Copayment Amount has to be collected from Insured. Claim Processing / Settlement will be as per agreed rates in MOU/Tariff. This is an electronically generated document and this requires no seal / stamp. All payments to Hospitals are subject to deduction of tax at source as per prevailing rate unless lower nil TDS certificate had been provided to the payer, under section 1941 as per Circular No 8/2009, Dated 24-11-2009 from Income Tax Dept.

**Contact Details:**

Reliance General Insurance,  
RCare Health,  
No.1-89/3/B/40 to 42/KS/301, 3rd floor,  
Krishe Block, Krishe Sapphire, Madhapur,  
Hyderabad-Telangana-500081

Email: [rgicl.rcarehealth@relianceada.com](mailto:rgicl.rcarehealth@relianceada.com)  
Chat@Website: <https://www.reliancegeneral.co.in/Insurance/Home.aspx>>> Chat

Total = 18455

Approved = 14224

4231

Advance = 5000

769 Refund