Rf Family from Velachery

INSURANCE

Discharge on 21/9/24

CAG + EP + RFA 3D

MHI/DP/2022/104

BILLING CARD

Medway Hospital
The way to better hea
(A Unit of United Alliance Healthcare Pvt

Medway Heart Institute
Where heart beat never stops...

Mrs.CHITRA D
62/Female/MHI202485609
19/09/2024/IP112024002212
Dr.K.JAISHANKAR

Patient Name _____

IP No. _____

D.O.A. 19/9/24 Time 3.50 pm

Room No. _____

TRANSFER DETAILS

Rent Per Day 101

Date	Time	From	To	Nurse's Signature
19/9/24	16.40	ADMISSION	101 Floor (101)	
20/9/24	8:30	[illegible] 1st floor	Cath Lab	
20/9/24	11.45	Cath lab	CCU	
20/9/24	15.00	CCU	101	

OPERATION THEATRE

Date	: 20/9/24	OT No.	: Cath Lab-II
Surgeon	: Dr. Jaishankar	Start Time	: 9.00
I Asst. Surgeon	:	End Time	: 11.10.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN Panchavarnam	Arthroscopy	:
Name of Surgery	: CAG + EPS + RFA 3D	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
20/9/24	11.45	20/9/24	15.40.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

Amount 2,000 + 5,000 + 20000

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
19/9/24	Cath package (2155)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
20/9/24	ECG (2239)		

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
19/9/24	1 (2279)						
20/9/24	1 (2239)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jaishankar.	20/9/24	21/9/24					
Mrs. Catherine (Dietitian)	19/9/24	21/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 16282 21/9/24	T - 5,16,000/—
BILL CLEARED :	AdU - 50,000/—
RETURNS CHECKED :	

CCU - 0.5

WARD - 2.0

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : S. VIGNESH

Sister In-charge

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM,
KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
21/09/2024	AUC/WS616 1/1
Terms: WHOLE SALES	Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ	DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1		SJM-85785 COOL POINT PUMP ASSEMBLY	1	90189099	H2916934	04/25	1	0	12 %	1548.64	12905.35	14454.00	12905.35
2		STJM - EN0020-P ENSITE PRECISION NAVX PATCH	1	90189099	10228635	07/25	1	0	12 %	9204.00	76700.00	85904.00	76700.00
3	1 NA	ABLATION CATHETER 7FR	1	30049099	10213095	01/27	1	0	5 %	2838.10	56761.90	59600.00	56761.90

ITEMS : 3 QTY : 3 BASE :146367.25 SGST : 6795.37 CGST : 6795.37 GST : 13590.74 Goods Value: 146367.25

Category	Gross	CGST	SGST	Amount	P(Disc)	DB		
5 %	56761.90	1419.05	1419.05	59600.00		CR		
12 %	89605.35	5376.32	5376.32	100357.99		CD	0.00	0.00
						Rounded Net Amount		**159958.00**
						AXIS A/C : 922030011606851 IFSC : UTIB0001165		

Amount In Words : One Lakhs Fifty Nine Thousand Nine Hundred Fifty Eight Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-CHITRA-IP-2024002212-DR.JAISHANKAR

Customer Outstanding: **124754209.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM,
KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
21/09/2024	AUC/WS617 1/1
Terms: WHOLE SALES	Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ	DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	6F INQUIRY STEERABLE DIAGNOSTIC CATHETER	1	30049099	10221018	01/27	1	0	5 %	1685.71	33714.28	35400.00	33714.28

ITEMS : 1 QTY : 1 BASE : 33714.28 SGST : 842.86 CGST : 842.86 GST : 1685.71 Goods Value: 33714.28

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	33714.28	842.86	842.86	35399.99		CR	
						CD	0.00
					Rounded Net Amount		**35400.00**

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Thirty Five Thousand Four Hundred Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-CHITRA-IP-2024002212-DR.JAISHANKAR

Customer Outstanding: **124789609.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY

VIDAL HEALTH
INSURANCE THIRD PARTY ADMINISTRATOR

Cashless Authorization Letter

(Part-D)

Printed on 23/09/2024
Date : 23/09/2024

Claim Number: CHE-0924-PA-0002140 (please quote this number for all further correspondence)

Authorization is valid for admission up to 19/09/2024

MEDWAY MEDICAL CENTRE NEW NO. 8 OLD NO. 22 4TH CROSS STREET TRUSTPURAM KODAMBAKKAM NEAR MEENAKSHI COLLEGE Tamilnadu , 600024 044-24734343 Rohini Id: 8900080347533	Name of Insurance Company Name of TPA Proposer Name Patient's MemberID / TPA/Insurer Id of the Patient Relation with Proposer	: SBI GENERAL INSURANCE COMPANY LIMITED : Vidal Health Insurance TPA Pvt Ltd : DHARMARAJU D : CHE-SB-S1634-005-0001814-B : Spouse

Dear Sir /Madam ,
This has reference to the pre-authorization request submitted on 21/09/2024 04:08 PM , We here by authorize cashless facility as per details mentioned below:

Patient Name : CHITRA D		Age : 61	Gender : Female
Policy Number : 4101200100000045-04		Expected Date of Admission : 19/09/2024	
Policy Period : 16-01-24 TO 15-01-25		Expected Date of Discharge : 21/09/2024	
Room category : Single Room Eligible Room Category as per T&C of Policy Contract : Single Room		Estimated length of stay : 2 days	
Provisional Diagnosis : narrow complex tachycardia		Proposed line of treatment : surgical management	
Insurer Claim Number : 101624100640-01			

Authorization Details :

Date and time	Reference number	Amount	Status
23/09/2024 07:16 PM	CHE-0924-PA-0002140	125000	Approved

Total Authorized amount:- Rupees One Lakh Twenty Five Thousand Only **(in words)**

Authorization Remarks:

AS PER CONVECTIONAL PROCEDURE , KINDLY NOTE : 3 D CHARGE NOT PAYABLE
HENCE CONSUMBLE CHARGE DEDUCTED

ATL ENHANCED AS PER THE FINAL BILL AND D/S. PREVIOUS ATL STANDS NULL AND VOID. NON-MEDICAL EXPENSES ARE NOT PAYABLE. SUBJECT TO VERIFICATION DURING CLAIMS. A VALID PHOTO ID OF THE PATIENT IS MANDATORY DURING CLAIMS.

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	: 320358.00	(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	: 195358.00	(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:	: 125000.00	(INR)
Amount to be paid by Insured	: 195358	(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	320358.00	195358.00	125000.00	AS PER CONVECTIONAL PROCEDURE , KINDLY NOTE : 3 D CHARGE NOT PAYABLE