

INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO



Patient Name Mr. Selvaajay . S.T

D.O.A. 30/9/24 Time 7:40Am

IP No. 2004001259

Room No. 205

Rent Per Day 2000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/9/24	8:20am	Casualty	2nd Floor	Shy

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

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

[illegible]

20/9/20

[illegible][illegible][illegible][illegible]

PHYSIOTHERAPY

[illegible][illegible]

[illegible]

AMBULANCE

OT DRUGS REPLACED :	Total :	1797 / -
BILL CLEARED :		3347 / -
RETURNS CHECKED :	Due :	1797 / -
		3347 / -

Other Procedures : (specify) :-

30/9/24 catheterization done by . Dr. Askar.

Verified by
T. Kozu 2206

Admission Officer: 

Sister In-charge



Final Approval Authorization Letter

Date: 30 Sep 2024 19:17:33

To,

Administrator

MEDWAY HOSPITALS

142 BSHRI BALASUBRAMANIAN NAGARPILLAIYAMPETTAI AMMACHATHIRAM

Rohini ID: 8900080363342

With reference to your request for cashless pre-authorization with Pre auth ID 202401121365 and pre-auth claim number 202401121365 for treatment of SELVARAJ THAMBUSAMY, we wish to inform you that we hereby authorize INR 35,892.0 for treatment of SELVARAJ THAMBUSAMY against an estimated cost of INR 45,428.0 Here is everything you need to know about your pre-authorization request:

Beneficiary Details

MPH name/Proposer name	REDKENKO HEALTH TECH	MPH Number	D131380634
Patient UHID	9211	Policy holder Name	ANTONY RAJASEKARAN
Policy number	D131419314	Member ID	N075435944113236
Insured/Patient name	SELVARAJ THAMBUSAMY	Gender	MALE
Date of Birth	1946-06-24	Policy holder emp ID	105237

Treatment Details

Final Diagnosis	MCRPC (METASTATIC CASTRATION - RESISTANT PROSTATE CANCER) 2ND CYCLE OF CHEMOTHERAPY (DOCETAXEL)
Procedure Name	Chemotherapy I.V
Date Of Admission	2024-09-30
Treating Doctor name	SHANMUGASUNDARAM
Date of Discharge	2024-09-30
Room Type	Single Room AC

Authorization details (amount in INR)

Status	Pre auth type	Approved Date	Requested amount	Authorized amount
Approved	Pre-authorization Final Approval	NA	45,428.0	35,892.9

All in all, you will receive (total authorized amount) INR 35,892.0 for

Hospital Remarks

Final Approved

Authorization Summary (amount in INR)

Total bill amount	45,428.0
Excess tariff	0.0
Total deductions*	4,497.0
Hospital discount	1,050.0

Additional discount	0.0
Negotiation discount	0.0
Total Proportionate Capping	0.0
Copay amount	3,988.0
Deductible amount	0.0
Total authorized amount	35,892.0
Amount to be paid by Insured	8,485.0
Premium EMI Recovery Amount	0.0
Excess SI Deduction	0.0

* In case you are wondering, how did we calculate deductions (amount in INR)

These are certain expenses which are non-payable by the insurer as per your policy agreement. Here is the list of all such expenses for your quick reference.

Bill number	Expense Category	Bill amount	Non-payable amount	Disallowed reasons
HFB1	Admission charges	300	300	ADMISITARTION -300
HFB1	Consultation visit charges	6000	0	DR.S.SHANMUGASUNDARMA. MBBS., MS. ,MCH., (Surgical Oncology)-undefined,DR.ASHA VALANTINE "MCH., (Surgical Urology)-undefined
HFB1	Duty Doctor / RMO charges	400	400	DMO CHARGES - 400/PERDAY-400
HFB1	Medicine & Consumable charges	3347	3347	DRUGS-3347
HFB1	MRD Charges	200	200	MEDICAL RECORD CHARGES-200
HFB1	Procedure Charges	250	250	STERILIZATION AND DISINFECTION CHARGES (250/PERDAY)-250
HFB1	Room Charges	4500	0	BED CHARGES -SINGLE ROOM A/C (4500/PERDAY)-undefined
ta000487	Medicine & Consumable charges	30431	0	NA
NA	NA	0	0	NA
Grand Total		45428	4497	

Refer the link for Non-Payable items : [List of Non-medical Items](#)

Terms and conditions for authorization

1. Cashless authorization letter issued is based on information provided in preauthorization form by the hospital. In case of misrepresentation/concealment of material facts, or any difference/deviation/ discrepancy in information provided by hospital/customer is observed in discharge summary / IPD records then cashless authorization stand null & void. At any point of claim processing, Digit reserves right to raise request for additional information for any other document to ascertain the admissibility of claim.
2. KYC (Know your Customer) card details of proposer/employee/beneficiary are mandatory for claim payout above INR.1 Lakh.
3. Network provider/Hospital shall not collect any additional amount from Digit customer apart from the agreed tariff rates between hospital and Digit except cost towards non admissible amounts mentioned in the letter under deductions section mentioned above (this includes additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in package and discount agreed by the hospital for Digit customers).