BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name : Baby.SARAN KRISHNAN
1/Male/MHM202406774
06/09/2024/IPM2024000792
Dr.DHANASEKHAR K

D.O.A. ________ Time ________

IP No. ________

Room No. ________

Rent Per Day ________

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
6/9/24	8.00PM	ER	3rd floor	[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

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	:

Date	LABORATORY
6/9/24	CBC, CRP, Dengue NS1 (ELISA) (6367)
	Blood c/s (6368)

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

6/9/24	Chest X-Ray (6364)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

7/9/24	1		
8/9/24	1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Dhanasekaran	6/9/24	7/9/24	8/9/24.	9/9/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill AMOUNT = 4970 /-	
BILL CLEARED : 9/9/24	
RETURNS CHECKED : 4.12pm	

Other Procedures : (specify) :-

Admission Officer :

Sister ~~In charge~~

Cashless Authorization Letter (39631032)
(Please quote this reference number in all future correspondence)

E-card | Claims | Plan hospitalization | Hospitals

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP39631032

Date :09 Sep 2024

To,

The Administrator / Medical Superintendent,
Medway Hospital,
NO PC7 & PC7A, BLOCK: 4,, BHARATHI SALAI, NOLAMBUR, MOGAPPAIR WEST, CHENNAI 600037
Hospital ID: (298583)
Rohini Id: 8900080475208

Dear Partner,

With reference to your request (39631032) for final cashless pre-authorization, we here by authorize INR 31531 against your final bill amount INR 36645. The details of the pre-authorization are as follows:

Patient Details

Patient Name	B Saran Krishna
Relation to Primary Beneficiary	Son
Age	1
Gender	M
Insurance Company	United India Insurance Co. Ltd.
Medi Assist ID	5117045533
Policy Holder	KONE ELEVATOR INDIA PRIVATE LIMITED
IP No.	
Policy No.	5002002824P104718564
Policy/Plan Period	02 Jul 2024 to 01 Jul 2025
Primary Beneficiary	S Balaji
Insurer Claim No	
Insurer Member ID	UIIC1138662992401031123

Treatment Details

Provisional Diagnosis	Unspecified acute lower respiratory infection
Expected/Actual Date Of Admission	06 Sep 2024
Treating Doctor	DHANASEKHAR
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	09 Sep 2024
Room Category Occupied	Single private room
Length Of Stay	3
Eligible Room Category	

Total Authorized amount Rs 31531 (Thirty One Thousand Five Hundred and Thirty One).

Authorization Remarks :

FINAL APPROVAL .NO CO PAY , DISCOUNT AMOUNT NOT TO BE COLLECTED FROM THE 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 = 36643

Approval = 31531

5112

Hospital Discount = 2304

2808

Advance = 5000

2192 Refunded

Authorization Summary

Total bill amount (INR)	36645
Other Deductions(INR)*	2811
Hospital Discount (INR)	2304
Deductibles (INR)	0
Total Authorized Amount(INR)	31531
Amount to be paid by Insured (INR)	2811