Insurance

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mrs.SHANTHI G
58/Female/MHM202400776
06/09/2024/IPM2024000793
Dr.NANDIGAM SANTOSHI

IP No.

Room No.

D.O.A. 6/09/24 Time 9:30

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
6/9/24	11PM	ER	1st floor	Shu 5004
7/9/24	5-30Am	1st floor	OT	Tomay saida m 3209.
7/9/24	8Am	OT	1st floor	3171

OPERATION THEATRE

Date	: 7/9/24	OT No.	: 1
Surgeon	:	Start Time	: 6.30AM
I Asst. Surgeon	: DR. Santhoshi	End Time	: 7:30AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR Senthil Kumar.	C-Arm	:
OT Nurse	: vasantha	Arthroscopy	:
Name of Surgery :		Laproscopy	: Light source, camera used
Hysteroscopy c̄ polypectomy		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	: Out side Hysteroscopy used sep.

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, Sodium, Potassium (6373)
7/9/24	polyp with endometrium for HPE send to Malar Medway Hospital (6387) (HPE 1)

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

6/9/24	Chest x ray PA view (6374)	
6/9/24	ECG (6375)	

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SANTOSH	7/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	No Ambulance.

Other Procedures : (specify) :- OT clearance done. Adv. 5000/- [signature] 3022

Admission Officer : [signature] 3022

Sister In-charge [signature] 3/9

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP124342952

Date :07 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 (124342952) for final cashless pre-authorization, we here by authorize INR **53995** against your final bill amount INR **60120**. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Gunasekaran Shanthi
Relation to Primary Beneficiary	Spouse
Age	58
Gender	F
Insurance Company	The Oriental Insurance Co. Ltd.
Medi Assist ID	4050972729
Policy Holder	National Bank for Agriculture and Rural Development _IPD
IP No.	580000/48/2025/1571_IPD
Policy No.	15 Aug 2024 to 14 Aug 2025
Policy/Plan Period	K Gunasekaran
Primary Beneficiary	
Insurer Claim No	
Insurer Member ID	

Treatment Details

Provisional Diagnosis	Endometrial hyperplasia, unspecified
Expected/Actual Date Of Admission	06 Sep 2024
Treating Doctor	Santhosh
Procedure / Treatment Planned	polypectomy uterus
Estimated/Actual Date of Discharge	07 Sep 2024
Room Category Occupied	Single private room
Length Of Stay	1
Eligible Room Category	Single Ward (Private / Special / Executive Ward)

Total Authorized amount Rs 53995 (Fifty Three Thousand Nine Hundred and Ninety Five).

Authorization Remarks :

al

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 = 60120.
Approval = 53995
6125
Hospital Discount = 2856
3269
Advance = 5000
1731, refund.

Authorization Summary

Total bill amount (INR)	60120
Other Deductions(INR)*	3269
Hospital Discount (INR)	2856
Deductibles (INR)	0
Total Authorized Amount(INR)	53995
Amount to be paid by Insured (INR)	3269