Child.SAI SABARISH
4/Male/MHM202406808
08/09/2024/IPM202406801
Dr.AIYSHA BEEVI

NG CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _____ D.O.A. 08/09/24 Time 2.30 PM

IP No. _____

Room No. 309 Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
8/9/24.	4.40PM	RR	3rd Floor	SIN Suseela

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 2 bit / 02

Date	Start	Date	Disconnect
9/9/24	11.30AM	10/9/24.	11PM.

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
8/9/24	CBC, CRP, RFT, LFT, Dengue Profile Elisa (6413)
8/9/24	Covi influenza virus panel (6417)
9/9/24	URINE COMPLETE (6440)
9/9/24	URINE C/S (6441)

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

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

8/9/24	(1)+(1)		
9/9/24	(2)+(2)+(2)		
10/9/24	2+		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aiyeka Baeni	8/9/24	9/9/24	10/9/24	11/9/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Sale: 9926/-	Nil
BILL CLEARED : Credit: Rs. 929/-	
RETURNS CHECKED : paid Amount: 8997/- ~~Rs 3167~~ Time: 9.50pm. 10/9/24.	
Other Procedures : (specify) :-	EEG / NCS
	Diet

Admission Officer : 3/10/24

Sister In-charge 30/9/24

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP39667883

Date :11 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 (39667883) for final cashless pre-authorization, we here by authorize INR **39744** against your final bill amount INR **51233**. The details of the pre-authorization are as follows:

Patient Details

Patient Name	S Sai Sabarish
Relation to Primary Beneficiary	Son
Age	3
Gender	M
Insurance Company	Royal Sundaram General Insurance Co. Ltd.
Medi Assist ID	5118578469
Policy Holder	MOLD TEK TECHNOLOGIES LIMITED
IP No.	
Policy No.	HG00005334000100
Policy/Plan Period	13 Oct 2023 to 12 Oct 2024
Primary Beneficiary	S Srinivasan
Insurer Claim No	GH24027593PRA00
Insurer Member ID	HG00005334100IT15104

Treatment Details

Provisional Diagnosis	Pneumonia, unspecified organism
Expected/Actual Date Of Admission	08 Sep 2024
Treating Doctor	AIYSHA BEEVI
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	11 Sep 2024
Room Category Occupied	General/Economy ward
Length Of Stay	3
Eligible Room Category	General Ward (Economy Ward)

Total Authorized amount Rs 39744 (Thirty Nine Thousand Seven Hundred and Forty Four).

Authorization Remarks :

Final Approval Given

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

Authorization Summary

Total bill amount (INR)	51233
Other Deductions(INR)*	6114
Policy Excess / Deductible (INR)	0
Intimation Deductible (INR)	0
Paid by the Patient (INR)	252
Deductible Amount (INR)	0

Total = 51233
Approval = 39744
11489.
Hospital Discount } = 5123
6366
Pharmacy Advance = 8992.
2631 TO refund