BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mrs.SUJATHA S
46/Female/MHM202406813
08/09/2024/IPM2024000802
Dr.VIVEKRAAJAN K

IP No. _____

Room No. _____

D.O.A. 8/9/24 Time 8:40

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
8/9/24	9:30Pm	ER	Recovery	
9/9/24	4:30Am	Recovery	OT	
9/9/24	7:45Am	OT	Recovery	Vasantha

OPERATION THEATRE

Date	: 09/09/2024	OT No.	: 1
Surgeon	: Dr. Vivek Rajan	Start Time	: 5 AM
I Asst. Surgeon	:	End Time	: 7.AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: Dr. Vikram	C-Arm	:
OT Nurse	: Jaison	Arthroscopy	:
Name of Surgery	: (L) mastoidectomy + tympanoplasty (R) tympanoplasty under G.A.	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 3 mL used
		Others	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
9/9/24	7:45am	9/9/24	9:45am

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

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 12234 /	
BILL CLEARED : Kelly 25/9/24 10:35 pm	
RETURNS CHECKED : 9/9/24	

Other Procedures : (specify) :- OT clearence done Rauf 3072

Admission Officer : Rauf 3622

Sister In-charge 3188

STAR HEALTH AND ALLIED INSURANCE CO. LTD.,
Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai 600014

Customer Care Number - 044 6900 6900 | Corporate Customers - 044 43664666 |

Chat - +91 9597652225, www.Starhealth.in

Cashless Authorization Letter

Claim Number : CIG/2025/111111/0838467 **DATE** : 09/09/2024

(Please quote this number for all further correspondence)

Authorization is valid for admission up to 15/09/2024

MEDWAY HOSPITAL No:Pc7& Pc7A,4Th Block,Bharathi Salai,Mogappair West Nolambur CHENNAI - 600037 Tamil Nadu Rohini Id : 8900080475298	Name of Insurance Company: STAR HEALTH AND ALLIED INSURANCE Name of TPA : Not Applicable Proposer Name : M/S.GESCO I HEAT,THCARE PRIVATE LIMITED Patient's Member : Mr.Subramani B ID/TPA/Insurer Id of the Patient : 353741622500000503 Relation with Proposer : SPOUSE

Dear Sir / Madam,

This has reference to the pre-authorization request submitted on 09/09/2024. We hereby authorize cashless facility as per details mentioned below:

Patient Name : MS.SUJATHA S	Age : 46YEARS	Gender : Female
	Expected Date of Admission : 08/09/2024	
Policy Number : P/111111/01/2025/000119	Expected Date of Discharge : 09/09/2024	
Policy Period : 26-JUN-2024 - 25-JUN-2025	Estimated length of stay : 2	
Room Category : SINGLE ROOM A/C /PRIVATE A/C Eligible Room Category as per T&C of Policy Contract :		
Provisional Diagnosis : CHRONIC SUPPURATIVE OTITIS MEDIA	Proposed line of treatment : Surgical	

Authorization Details:-

Date & Time	Reference number	Amount	Status

Date & Time	Reference number	Amount	Status
09/09/2024 04:20	CLMG/2025/111111/0840640/001	30000	Approved (Pre-Authorisation)
09/09/2024 04:20	CLMG/2025/111111/0840640/002	28500	Approved (Enhancement)

Total Authorized amount :- Rs. 58500(Indian Rupees Fifty Eight Thousand Five Hundred Only).

Authorization Remarks :

Maximum paid.

Hospital Agreed Tariff:

I. Package Case :

Agreed Package Rate -

II. Non-Package Case :

Authorization Summary:

Total Bill Amount	: Rs.67000
*Other Deductions	: Rs.8500
Discount	:
Admissible Amount	: Rs.58500
Co-pay	:
Deductibles	:
Total Balance Installment Premium	
No Claim discount in the renewed policy	
Installment Premium Adjusted	
Total Authorised Amount	: Rs. 58500

Total = 67000

Approval = 58500

8500

*Other Deduction Details: