



Patient Name

Mrs. TAMILARASI

52/Female/M11V202404592

13/09/2024/IPV2024000834

Dr. RAJAMAHENDRAN



LLING CARD

15 SEP 2024

D.O.A. 13/09/24 Time 9.10 AM

IP No.

Room No. 316 - Single Room non A/C

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/09/2024	9.00 AM	ER	ward 316	S/N Jh. 0008
13/09/2024	11.50 AM	WARD	OT	S/N Arul.
13/09/2024	2.00 PM	OT	ward	Engatho 126
13/09/24	2 pm	ward (316)	ward (315)	Pmly 0024

## OPERATION THEA TRE

Date	: 13/9/2024	OT No.	: 2
Surgeon	: Dr. Rajamahendran	Start Time	: 1 PM
I Asst. Surgeon	: nil	End Time	: 1.50 pm
II Asst. Surgeon	: nil	Dis. Pack	: nil
III Asst. Surgeon	: nil	Diathermy	: used
Anaesthetist	: Dr. Saranya	C-Arm	: nil
OT Nurse	: Saraswathi / Dhivy	Arthroscopy	: nil
Name of Surgery	: (L) Hernioplasty	Laprosopy	: nil
done JUA		Sevoflurane / Isoflurane	: nil
		Inj. Fentanyl	: 1 amp used
		Others	: nil

## MONITOR

Date	Start	Date	Disconnect
13/9/24	2 pm	13/9/24	5 pm

## INFUSION PUMP

Date	Start	Date	Disconnect

## OXYGEN

Date	Start	Date	Disconnect
13/9/24	2 pm	13/9/24	3 pm

## SYRINGE PUMP

Date	Start	Date	Disconnect

## ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

## VENTILATOR

Date	Start	Date	Disconnect

## OPERATION THEA TRE

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 :

[illegible]



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

14/9/24 Echo Screening (5770)  
 14/9/24 ECG (2258)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER





Medi Assist Insurance TPA Pvt. Ltd



Date :14 Sep 2024

To,

The Administrator / Medical Superintendent,  
Medway Hospitals,  
No.15, Ranganathan Road, Poonthottam,  
Hospital ID: (386284)  
Rohini Id: 8900080589117

Dear Partner,

With reference to your request (124460167) for final cashless pre-authorization, we here by authorize INR 71139 against your final bill amount INR 72360. The details of the pre-authorization are as follows:

**Patient Details**

Patient Name	Tamilarasi
Relation to Primary Beneficiary	Mother
Age	52
Gender	F
Insurance Company	National Insurance Co. Ltd.
Medi Assist ID	4061373808
Policy Holder	Delhivery Ltd
IP No.	
Policy No.	361400502310001679
Policy/Plan Period	16 Jan 2024 to 15 Jan 2025
Primary Beneficiary	Vishnu Kumar M
Insurer Claim No	
Insurer Member ID	

**Treatment Details**

Provisional Diagnosis	Unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent
Expected/Actual Date Of Admission	13 Sep 2024
Treating Doctor	RAJAMAHENDRAN
Procedure / Treatment Planned	Repair of inguinal hernia-herniorrhaphy
Estimated/Actual Date of Discharge	15 Sep 2024
Room Category Occupied	Single private room
Length Of Stay	2
Eligible Room Category	Single Ward ( Private / Special / Executive Ward)

**Total Authorized amount Rs 71139 (Seventy One Thousand One Hundred and Thirty Nine).**

**Authorization Remarks :**

APPROVED

**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)	72360
Other Deductions(INR)*	1110
Hospital Discount (INR)	111
Deductibles (INR)	0
<b>Total Authorized Amount(INR)</b>	<b>71139</b>



Detailed list of deductions have been shared with the claimant

**Terms and conditions for authorization:**

1. Cashless authorization letter issued on the basis of information provided in pre authorization form. In case of misrepresentation/concealment of facts, any material difference/deviation/ discrepancy in information is observed in discharge summary / IPD records then cashless authorization stands null & void. At any point of claim processing Insurer or TPA reserves the right to raise queries for any other document to ascertain the admissibility of claim.
2. KYC (know your customer) details of proposer/employee/beneficiary are mandatory for claim payout above Rs.1 lakh.
3. Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except cost towards non admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in Package)
4. Network provider shall not make any recovery from the deposit amount collected from the insured except for the cost towards non admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in Package)
5. In the event of unauthorized recovery of any additional amount from the insured in excess of Agreed Package Rates, the authorized TPA/Insurance company reserves the right to recover the same or get the same refunded to the policy holder from the network provider and/or take necessary action as provided under the MOU.
6. Where treatment / procedure to be carried out by a Doctor/Surgeon of insured's choice (not empaneled with the Hospital) network provider may give treatment after obtaining specific consent of the policyholder.
7. Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought are not admissible
8. Expenses are excluded which are not covered / not payable as per health insurance policy terms and conditions are not admissible
9. Expenses related to medicines/drugs incurred post discharge and Differential cost borne by the policyholder may be reimbursed by Insurer subject to terms and conditions of the policy

**The following documents must be submitted in full within 7 days from date of discharge to enable settlement of claim:**

1. Original cashless claim form in IRDAI format
2. Government ID proof and Medi Assist ID card of the patient along with KYC form
3. Detailed discharge summary with Main hospital bill along with Break-up of the bill amount being claimed
4. Cash memos from the Hospitals / Chemists supported by proper prescriptions
5. Diagnostic Test Reports, X-ray films, and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests
6. Original sticker for all the implants & high value consumables
7. Surgeon's Certificate stating the nature of operation performed and Surgeon's Bill and Receipt
8. Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge
9. Copy of the receipt for the amount settled by the patient / representative
10. Final hospital bills should be issued in the name of **National Insurance Co. Ltd.** as a payer for payment of cashless claims. This is a mandatory requirement for claim settlement.
11. Please send cashless documents to the address mentioned in the last page of the letter. (Beneath signature)

Note: As per Modified Guidelines on Standards and Benchmarks for Hospitals in the Provider Network issued by IRDAI vide Circular Ref: IRDA/HLT/REG/GDL/114/07/2018 dated 27th July 2018, your Hospital is mandatorily required to Register with ROHINI and obtain either Pre-entry level Certificate (or higher level of certificate) issued by NABH or State Level Certificate (or higher level of certificate) under NQAS, issued by National Health Systems Resources Centre (NHSRC) on or before July 26, 2019.

**QUICK LINKS:**

**For partner hospital**

View this claim on [IHx](#). Not on IHx yet? [Sign Up](#) now.

Warm Regards,

Medi Assist Insurance TPA Pvt. Ltd  
CIN: U85199KA1999PTC025676.  
Cashless Processing Centre  
#58/1A, Singhasandra,  
Hosur Main Road,  
Begur Post,  
Bangalore. PIN - 560068.  
Helpline: 0120-6937324

**Disclaimer:** The TPA extends the cashless facility subject to the standard terms & conditions of the policy and the information provided in the cashless request form. We suggest that the patient continues with the treatment as advised by the treating doctor, irrespective of the pre-authorization/cashless facility.

App



Connect



THIS IS A SYSTEM GENERATED CORRESPONDENCE. PLEASE DO NOT REPLY TO THIS EMAIL