Sundaram clayton credit — Diet Required

Discharge on 17/9/24 17/65.5

MHI/DP/2022/104

Medway Hospitals — The way to better — (A Unit of United Alliance Healthc

BILLING CARD

ward - 3.5

Medway Heart Institute — Where heart beat never stops...

Mr.EDWIN PRABU T
27/Male/MHI2024858 16
14/09/2024/IP1I2024002163
Dr.T.PALANIAPPAN

Patient Name

IP No. _____

D.O.A. 14/09/24 Time 13:13

Room No. (113) ward - 3.5

Rent Per Day Rs.

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
14/9/24	14:15	Admission	113	Hayoos

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	: 2ml 10ml/inj. monphi:
		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

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

18

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
14/9/24	CBC, RFT, LFT, DRUGUE PROFILE (1883)
	Blood Cls (1884)
16/9/24	Viral panel, Covid Ag lab (19/9/24)
17/9/24	FC, [redacted], SGOT, SGPT (1985) CRP (2018)
17/9/24	platelet (2018)

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

14/9/24	ECG (1942)		
	Chest x-ray (1886)		
16/9/24	USG Abdomen (1942)		
16/9/24	ECho (1942)		

CBG

DATE	NUMBERS	DATE	NUMBERS
14/9/24	1 (1942)		

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY

NEBULIZER

NEB. Duolin NEB. Foracort

DATE	NUMBERS	DATE	NUMBERS
15/9/24	1+1	15/9/24	1+1
16/9/24	1	16/9/24	1

~~OTHERS~~ Attender food

DATE	NUMBERS	DATE	NUMBERS
		14/9/24	0+1+1
		15/9/24	1+1+1
		16/9/24	1+1+1
		17/9/24	1+1+1

farlano

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. PALANIAPPAN	14/9/24	16/9/24	600 (-300)		17/9/24	—	—
DR. EDAKIYA	15/9/24	400 (-400)					
DR SURESH	16/9/24	300 (-600)					
MS. Catherine (Dietician)	14/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 13220	T- 1,00,789/-
BILL CLEARED : ~~13,596~~ /Sarath 17/9/24	Adv- NIL.
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI

Sister In-charge

VIDAL HEALTH
INSURANCE TURD PARTY ADMINISTRATOR

Cashless Authorization Letter

(Part-D)

Printed on 17/09/2024
Date : 17/09/2024

Claim Number: CHE-0924-PA-0001841 (please quote this number for all further correspondence)

Authorization is valid for admission up to 14/09/2024

MEDWAY MEDICAL CENTRE NEW NO 8 OLD NO. 22 4TH CROSS STREET TRUSTPURAM KODAMBAKKAM NEAR MEENAKSHI COLLEGE Tamilnadu , 600024 044-24734343 Rohini Id: 8900080347533	Name of Insurance Company Name of TPA Proposer Name Patient's MemberID / TPA/Insurer Id of the Patient Relation with Proposer	: UNITED INDIA INSURANCE COMPANY LTD : Vidal Health Insurance TPA Pvt Ltd : EDWIN PRABU T : CHE-UI-S2202-001-0000631-A : Self

Dear Sir /Madam ,
This has reference to the pre-authorization request submitted on 17/09/2024 06:33 PM , We here by authorize cashless facility as per details mentioned below:

Patient Name	:	EDWIN PRABU T	Age : 27	Gender	: Male
Policy Number	:	011200/28/24/P1/02303747	Expected Date of Admission	:	14/09/2024
Policy Period	:	01-04-24 TO 31-03-25	Expected Date of Discharge	:	17/09/2024
Room category Eligible Room Category as per T&C of Policy Contract	: :	Single Room Single Room	Estimated length of stay	:	3 days
Provisional Diagnosis	:	DENUGE FEVER	Proposed line of treatment	:	Medical management
Insurer Claim Number	:				

Authorization Details :

Date and time	Reference number	Amount	Status
17/09/2024 07:12 PM	CHE-0924-PA-0001841	78752	Approved

Total Authorized amount:- Rupees Seventy Eight Thousand Seven Hundred and Fifty Two Only **(in words)**

Authorization Remarks:

FINAL APPROVAL GIVEN AS PER FINAL BILL AND DISCHARGE SUMMARY.
CO PAY APPLICABLE.

Hospital Agreed Tariff:

I **Package case :**

Agreed package rate :

II **Non -Package case :**

i. Room Rent / day	:
ii. ICU Rent / day	:
iii. Nursing Charges / day	:
Iv. Consultant Visit Charges / day	:
v. Surgeon's fee / OT / Anaesthetist	:
vi. Others (specify)	:

Authorization Summary:

Total Bill Amount	: 97394.00	(INR)
*Discount	: 9739.00	(INR) (At the time of Final Authorization)
Excess of package amount: (Not to be collected from the insured)	: 0.00	(INR) (At the time of Final Authorization)
*Other Deductions	: 8903.00	(INR) (At the time of Final Authorization)
Co-Pay	: 0.00	(INR)
Co-Pay Buffer	: 0.00	(INR)
Deductibles	: 0.00	(INR)
Exceeds Policy Limit	: 0.00	(INR)
Policy Deductable Amount	: 0.00	(INR)
Total Authorised Amount:	: 78752.00	(INR)
Amount to be paid by Insured	: 8903	(INR) (At the time of Final Authorization)

*** Discount & Other Deduction Details**

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	CONSULTATION	28000.00	2800.00	25200.00	, Rs.2800 deducted for discount.
2	DMO CHARGES	2450.00	245.00	2205.00	, Rs.245 deducted for discount.
3	LABORATORY INVESTIGATIONS	26592.00	2659.00	23933.00	, Rs.2659 deducted for discount.
4	MISCELLANEOUS CHARGES	9000.00	9000.00	0.00	ADMINISTRATION CHARGES, ASSESEMENT CHARGES, DIET CHARGES, DISINFECTANT CHARGES ARE NOT PAYABLE
5	NEBULIZER	2000.00	200.00	1800.00	, Rs.200 deducted for discount.
6	PHARMACY	13222.00	2125.00	11097.00	NME DEDUCTED, Rs.1322 deducted for discount.
7	RADIOLOGY INVESTIGATIONS	5630.00	563.00	5067.00	, Rs.563 deducted for discount.
8	ROOM/BOARDING EXPENSES	10500.00	1050.00	9450.00	, Rs.1050 deducted for discount.