R.T. 2:30PM

MediAssist

Child.KAKSHI SANJEEV
10/Female/MHM202406980
16/09/2024/IPM2024000830
Dr.AIYSHA BEEVI

NG CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _____

D.O.A. 16/09/24 Time 4.00Pm

IP No. _____

Rent Per Day 4000/-

Room No. 308

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
16/9/24	4.45Pm	ER	IInd floor	Shuj 3224

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

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
16/9/24.	CBC, CRP, RFT, LFT, ASO, RA-Factor, TSH (6579) ESR/C 6585)

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

18/9/24	B/L leg venous done by DR. Joseph Sr. C		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. AIYSHA BEEVI	17/9/24	18/9/24					

PHARMACY

OT DRUGS REPLACED : Total Sale: Rs. 1907/-

BILL CLEARED : (Credit)

RETURNS CHECKED : Time: 6.43pm. 316 18/9/24.

AMBULANCE

—

Other Procedures : (specify) :-

EEG / NCS

Diet

on Instruments

Admission Officer :

Sister In-charge

Cashless Authorization Letter (124567870)
(Please quote this reference number in all future correspondence)

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP124567870

Date :18 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 (124567870) for final cashless pre-authorization, we here by authorize INR **26095** against your final bill amount INR **30928**. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Kakshi Sanjeev
Relation to Primary Beneficiary	Daughter
Age	10
Gender	F
Insurance Company	The Oriental Insurance Co. Ltd.
Medi Assist ID	4063658061
Policy Holder	HINDUJA TECH LIMITED
IP No.	411900/48/2024/529
Policy No.	15 Nov 2023 to 14 Nov 2024
Policy/Plan Period	Sanjeev Damodaran
Primary Beneficiary	
Insurer Claim No	
Insurer Member ID	

TOTAL BILL - 30928
APPROVED - 26095
4833
DISCOUNT 2003
2830
ADVANCE 5000
REFUND 2170

Treatment Details

Provisional Diagnosis	Other infective (teno)synovitis, right knee
Expected/Actual Date Of Admission	16 Sep 2024
Treating Doctor	AIYSHA BEEVI
Procedure / Treatment Planned	Conservative Management
Estimated Actual Date of Discharge	18 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 26095 (Twenty Six Thousand and Ninety Five).

Authorization Remarks :

Final approval given, no co-pay, discount amount should not collect from the patient.

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)	30928
Other Deductions(INR)*	2830
Hospital Discount (INR)	2093
Deductibles (INR)	0
Total Authorized Amount(INR)	26095
Amount to be paid by Insured (INR)	2830