INSURANCE

PTCA.

Discharge on 18/9/24

MHI/DP/2022/104

BILLING CARD

Medway Hospit
The way to better healt
(A Unit of United Alliance Healthcare Pvt L

Mr.MUTHU PERUMAL K
67/Male/MHI202485851
17/09/2024/IP1I2024002181
Dr.K.JAISHANKAR

Medway Heart Institute

Patient Name _____

D.O.A. 17/9/24 Time 9:06AM

IP No. _____

CCU - 1
Ward - 1

Room No. _____

Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
17/9/24	10-30.	ADMISSION	104 - A	
17/9/24	11-50	1st FLOOR 104-A	CATH LAB	
17/9/24	15-00	Cath Lab	CCU	
18/9/24	9.00	CCU	1st floor 105-A	

OPERATION THEATRE

Date	: 17/9/24	OT No.	: Cath Lab-1
Surgeon	: Dr - Jaishankar.	Start Time	: 12.45
I Asst. Surgeon	:	End Time	: 13.45
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Panchavarnam	Arthroscopy	:
Name of Surgery	: PTCA.	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
17-9-24	15.00	18/9/24	9.00

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

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
18/09/24	CBC, RFT (2062)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
17-9-24	ECG (2034)		
18/9/24	ECG (2062)		

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
17/9/24	1 (2075)						
17/9/24	1 (2034)						
~~18/9/24~~	~~1 (2062)~~						
18/9/24	1 (2062)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. K. JAISHANKAR	17/9/24	18/9/24.					
Mrs. Catherine (Dietitian)	17/9/24	18/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	Adv – 1,00,000
BILL CLEARED : 22978 / 9000 0.00	T– 3,01,338
RETURNS CHECKED : 18/9/24.	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :

Sister In-charge

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL CREDIT BILL

Name : MR. MUTHU PERUMAL	IP Number : IPH2024002181
Age / Sex : 67 Years / MALE	D.O.A. : 17/09/2024 AT 09:34
Doctor Name : Dr. JAISHANKAR	D.O.D. : 18/09/2024 AT 18:00
TPA / Insurance : MEDI ASSIST / UNITED INDIA	CLAIM NO : 39750994

ADMINISTRATION CHARGES	1500.00
GENERAL WARD CHARGES (2000 X 1 DAYS)	2000.00
BED CHARGES CCU (7500 X 1 DAY)	7500.00
INTENSIVIST PROFESSIONAL CHARGES	5000.00
MONITOR CHARGE	1000.00
LABORATORY	3151.00
RADIOLOGY	960.00
STERILIZATION AND DISINFECTANT CHARGES	2500.00
IMPLANT CHARGES	51742.00
DRUGS	22985.00
NUTRITIONAL ASSESSMENT CHARGES	1000.00
CATH LAB CHARGE (PTCA)	40000.00
DIET CHARGES	2000.00
(PROFESSIONAL TEAM FEES) :-	
DR JAISHANKAR	40000.00
DR KARTHICK	20000.00

TOTAL SERVICE AMOUNT	201338.00
APPROVAL AMOUNT	105000.00
CO PAY	0.00
DISCOUNT	0.00
PATIENT PAID	96338.00

INSURANCE CO ORDINATOR
UNITED ALIIANCE HEALTH CARE PVT LTD

MEDWAY HOSPITALS No.2, Old No.16, 1st Main Road, United India Colony, Kodambakkam, Chennai-3 Reg. No.40/2/01/2023

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP39750994

Date :18 Sep 2024

To,

The Administrator / Medical Superintendent,
Medway Hospital (A Unit Of United Alliance Healthcare Pvt.Ltd),
8/22 , 4th Cross Street Trustpuram Kodambakkam,
Hospital ID :(113023)
Rohini Id :8900080347533

Dear Partner,

With reference to your request (39750994) for final cashless pre-authorization, we here by authorize INR **105000** against your final bill amount INR **201338**. The details of the pre-authorization are as follows

Patient Details

Patient Name	K Muthuperumal
Relation to Primary Beneficiary	Self
Age	67
Gender	M
Insurance Company	United India Insurance Co. Ltd.
Medi Assist ID	5094331932
Policy Holder	Government of Tamil Nadu New Health Insurance Scheme_Pensioner 3rd Year
IP No	
Policy No	0106002824P106386129
Policy/Plan Period	01 Jul 2024 to 30 Jun 2025
Primary Beneficiary	K Muthuperumal
Insurer Claim No	
Insurer Member ID	

Treatment Details

Provisional Diagnosis	Atherosclerotic heart disease of native coronary artery without angina pectoris
Expected/Actual Date Of Admission	17 Sep 2024
Treating Doctor	Kathick
Procedure / Treatment Planned	PTCA with stenting-Transluminal coronary angioplasty with stenting
Estimated/Actual Date of Discharge	18 Sep 2024
Room Category Occupied	Single private room
Length Of Stay	1
Eligible Room Category	Single Ward (Private / Special / Executive Ward)

Total Authorized amount Rs 105000 (One Lakh Five Thousand).

Authorization Remarks :

FINAL APPROVAL GIVEN AS PER AGREED TARIFF RATE EXCESS AMOUNT NOT TO BE COLLECTED FROM 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)	201338
Other Deductions(INR)*	96338
Deductibles (INR)	0
Total Authorized Amount(INR)	105000

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM,
KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
18/09/2024	**AUC/WS599 1/1**
Terms: **WHOLE SALES**	Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ	DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	ACROSS HP 2.0X10MM	1	90183290	24A138	01/25	1	0	12 %	1239.00	10325.00	11564.00	10325.00
2	1 NA	CORONARY STENT ULTI MASTER TANSEI 2.75X24	1	30049099	231226	11/25	1	0	5 %	1913.25	38265.00	40178.00	38265.00

ITEMS : 2 QTY : 2 BASE : 48590.00 SGST : 1576.13 CGST : 1576.13 GST : 3152.25 Goods Value: 48590.00

Category	Gross	CGST	SGST	Amount	P(Disc)	DB		
5 %	38265.00	956.63	956.63	40178.25		CR		
12 %	10325.00	619.50	619.50	11564.00		CD	0.00	0.00
						Rounded Net Amount		**51742.00**

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Fifty One Thousand Seven Hundred Forty Two Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-MUTHU PERUMAL-IP-2024002181-DR.JAISHANKAR

Customer Outstanding: 122991735.00

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUCTUS LABS PRIVATE LIMITED CHENNAI 600 024

AUTHORIZED SIGNATORY