Mrs.SASMITA SAHOO
33/Female/MHM202407020
18/09/2024/IPM2024000838
Dr.AIYSHA BEEVI

NG CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name

IP No. _____

D.O.A. 18/09/24 Time 1.30pm

Room No. 306

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
18/9/24	3.20 PM	ER	3rd Floor R-No: 306	Krishnaveni 3022

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
18/9/24	CBC, CRP, RFT, LFT, T.S1K (6611)
18/9/24	Dengue NS1, IgG, IgM (Elisa) (6612)
18/9/24	Covi Influenza viral Panel (6613)
19/9/24	~~HBsAg~~ (6614)

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

18/9/24	ECG Ⓜ ₹ 664		
18/9/24	CXR ₹ 664		
19/9/24	MRI brain & MRA done Avanthika Scan Centre (paid)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Ayisha Beevi	18/9/24						
Dr. Sreenivasan	18/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	—
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-		
	EEG / NCS	
	OT Instruments	
	Diet	

Admission Officer :

Sister In-charge

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP39810888

Date :19 Sep 2024

To,

The Administrator / Medical Superintendent,
Medway Hospital,
NO PC7 & PC7A, BLOCK 4,, BHARATHI SALAI, NOLAMBUR, MOGAPPAIR WEST, CHENNAI 600037
Hospital ID: (296883)
Rohini Id: 8900030475298

Dear Partner,

With reference to your request (39810888) for final cashless pre-authorization, we here by authorize INR 35668 against your final bill amount (INR 41540. The details of the pre-authorization are as follows.

Patient Details

Patient Name	Sasmita Sahoo
Relation to Primary Beneficiary	Spouse
Age	32
Gender	F
Insurance Company	National Insurance Co. Ltd
Medi Assist ID	5100527077
Policy Holder	Indian Bank_IBA
IP No.	251100502310000182
Policy No.	01 Oct 2023 to 30 Sep 2024
Policy/Plan Period	Aditya Kumar Sahu
Primary Beneficiary	
Insurer Claim No	
Insurer Member ID	

Treatment Details

Provisional Diagnosis	Fever, unspecified
Expected/Actual Date Of Admission	18 Sep 2024
Treating Doctor	AIYSHA BEEVI
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	19 Sep 2024
Room Category Occupied	Single private room
Length Of Stay	1
Eligible Room Category	Single Ward (Private / Special / Executive Ward)

41540
35668
5872
2905
2967
5000
2033

Total Authorized amount Rs 35668 (Thirty Five Thousand Six Hundred and Sixty Eight).

Authorization Remarks :

final

Note: If Top Up is available and applicable, as per policy conditions, Top Up claims will be processed and additional amounts will be approved amount as per your request.

Authorization Summary

Total bill amount (INR)	41540
Other Deductions(INR)*	2967
Hospital Discount (INR)	2905
Deductibles (INR)	0
Total Authorized Amount(INR)	35668
Amount to be paid by Insured (INR)	2967