

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mrs. HarilakshmiD.O.A. 20/9/24 Time 10.00amIP No. IPKB 2024001207Room No. 2nd floor (207)Rent Per Day 2000 /-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
20/9/24	10.45am	ER	2nd Floor	P222

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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

[illegible]

CBG

[illegible]**CBG**[illegible]

Date _____

[illegible]

PHYSIOTHERAPY

[illegible]

NEBULIZER

[illegible]

NEBULIZER

[illegible]

Cashless Authorisation Letter

Authorisation is Valid for Admission from 20/09/2024 To 27/09/2024



Claim Number : MDI8871132

Date : 21/09/2024

To,
The Medical Director,
Medway Hospital
142-B, Shri Balasubramanjan Nagar, Pillayampettai Shri
Balasubramanjan Nagar
Phone : 04373-2412345
Fax :
Rohini ID : 8900080363342

IC Name : Aditya Birla Health Insurance Company
Name of TPA : MDIndia Health Insurance Pvt. Ltd.
Proposer Name : Expleo Solutions Limited
Patient's Member : Harilakshmi Sridharan
MD ID No : MDI5-0040866887
Relation with Propose : Mother
EMP No : 0
EMP Name : Balaji Kunkasridharan

Dear Sir/Madam,
This has reference to the Pre-Authorization request submitted on 20/09/2024 , We hereby authorize Cashless facility as per details mentioned below:

Patient Name : Harilakshmi Sridharan	Age : 66	Gender : Female
Policy Number : 81-22-/00/24/00001348	Expected Date of Admission : 20/09/2024	
Policy Period : 01/09/2024 To 31/08/2025	Expected Date of Discharge : 21/09/2024	
Room Category : single	Estimated Length of Stay : 2	
Eligible Room Category as per T&C of Policy Contract : Room is payable upto : 7000 Per day		
Provisional Diagnosis : CA BREAST	Proposed Line of Treatment : Conservative	

Authorization Details :

Date & Time	Reference Number	Amount	Status
20/09/2024 5:00:57PM	MDI8871132	14,526	INITIAL AL
21/09/2024 4:51:04PM	MDI8871132	7,000	FINAL AUTHORISATION

Total Authorized Amount:- Rs. Twenty One Thousand Five Hundred Twenty Six Only.

Authorisation Remarks :

HOSPITAL DISCOUNT :- 10% on final bill Including Package (Excluding Implant & Consumables)

Please don't collect the hospital discount amount from patient / insured. As per the norms set by the regulator, the network hospital is suppose to mention the discount amount on the final hospital bill.

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Hospital Agreed Tariff :

I) Package Case :

Agreed Package Rate : 0

II) Non Package Case :

i) Room Rent/day : 0
ii) ICU Rent/day : 0
iii) Nursing Charges/Day : 0
iv) Consultant Visit Charges/Day : 0
v) Surgeon's fee/OT/Anaesthetist : 0
vi) Others (specify) : 0

Authorization Summary :

Total Bill Amount : 33,026 (INR)
Other Deductions : 4,953 (INR)
Discount : 1,166 (INR)
Co-Pay : 5,381 (INR)
Deductibles : 0 (INR)
Total Authorized Amount : 21,526 (INR)
Amount to be paid by Insured : 6,934 (INR)

* Other DeductionDetails :

Sr N	Particulars	Requested Amt	Deduction Amt	Reason	Payable Amt
1	Bed/Nursing charges	6000	3400	As Per Agreed Tariff	2600
2	Investigations - ANALYSIS	2189	0	As per Actual	2189
3	Consultant Charges(Room)	2000	0	As Per Agreed Tariff	2000
4	Medicines	21362	678	Non-Medical	20684
5	Others	600	0	As per Actual DMO	600
	TOTAL	32151	4078		28073
6	Admission Charges	300	300	Non-Payable	0
7	Discount	0	1166	Hospital Discount - TOTAL BILL	-1166
8	Co-payment	0	5381	CO-Payment : As per policy terms & condition 20 % CO Payment deduction is applicable for Parantel claim on Payable amount	-5381
9	Others	575	575	Non-Payable	0
	TOTAL	875	7422		-6547
		33026	11500	Hospital Payable Amt ==>	21526

kindly note: If the Pre-Auth form (Part C) is not sent in the prescribed format as per revised IRDA guideline With effect from 01/07/2019, kindly ensure the same is sent along with the claim file at the time of Final Settlement

Terms and Conditions of Authorization

- Cashless Authorization letter issued on the basis of information provided in Pre-Authorization form. In case misrepresentation/Concealment of the facts, any material difference/ Deviation/ discrepancy in information is observed in discharge Summary/ IPD records then Cashless Authorization shall stand null & void. At any point of claim processing Insurer or TPA reserves rights to raise queries for any other document to ascertain admissibility of claim.
- KYC (Know your Customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh.
- Network Provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except costs towards non admissible amounts (Including additional charges due to opting higher room rent eligibility/choosing separate line of treatment which is not envisaged/considered in package)
- Network Provider shall not make any recovery from the deposit amount collected from the Insured except for cost towards Non-admissible amount (Including additional charges due to opting higher room rent than eligibility/ Choosing separate line of treatment which is not envisaged/ considered in package).
- 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 refunded to the policyholder from the Network Provider and/or take necessary action, as provided under the MoU.
- Where a treatment/procedure is 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 policyholder.
- Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

- The Provider shall submit the final invoice and all supporting documentation required within 2 days of the discharge date.
- All the network providers should capture and provide details of final bills/discharge summary/invoices as per IRDAI regulations
- Cash memos from the hospitals/chemists supported by proper prescription.
- Diagnostic test reports and receipts supported by note from the attending medical practitioner/surgeon recommending such diagnostic tests.
- Surgeon's certificate standing nature of operation performed and surgeon's bill and receipt.
- Certificates from attending medical practitioner/surgeon giving patient's condition and advice on discharge.

Name of the product : Group Active Health

Important Policy Terms & Conditions(Sub-limits/co-pay/deductibles etc.)

Authorized Signatory :

(Insurer/TPA)