BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mr.RUBAN ABISHAAKE D
34/Male/MHM202407082
21/09/2024/IPM2024000855
Dr.BALAMURUGAN.S

IP No. _____

Room No. ___

D.O.A. 21/09/24 Time 12.00pM

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
21/09/24	2.00pm	ER	1st floor	Ruth /3222
21/09/24	5.20pm	1st floor	OT	R. Shell 3208
21/9/24	8:30pm	OT	1st floor	[illegible]

OPERATION THEATRE

Date	: 21/9/24	OT No.	: 2
Surgeon	: Dr. Balamurugan	Start Time	: 6:45 PM
I Asst. Surgeon	: Dr. Ananth	End Time	: 8:15 pm
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: Used
Anaesthetist	: Dr. Senthil kumar	C-Arm	: —
OT Nurse	: S/N. Sangavi	Arthroscopy	: —
Name of Surgery	: Hemorrhoidectomy & Fistulotomy & Pilonidal sinusexiction & flap cover under SA	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
21/9/24	SPICiman Soak for HPE main medway hospital parotidectomy Sinus HPE (67kg)

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

CBG

21/9/24	1 (6728)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

21/9/24	1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Balamurugan	22/9/24	23/9/24					
DR. SENTHIL KUMAR (ANESTHETIST)	22/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Sale: Rs. 15332/- BILL CLEARED : (Credit) 3167 RETURNS CHECKED : Time: 1.16pm. 23/9/24	NIL

Other Procedures : (specify) :-

Diet - 22/9/24 TO 23/9/24 (Afternoon)

OT equipment -

endoscopy/ colonoscopy } -

Clearance O/K

Pilonidal sinus
Radical Resection with
Hemorrhoids with fissure.

3204

3209.

3189

Admission Officer :

Sister In-charge

PARAMOUNT HEALTH SERVICE & INSURANCE TPA PRIVATE LIMITED
(IRDA License No.006) Validity: From 21-03-2023 to 20-03-2026

Plot No.A-442,Road No-28,M.I.D.C Industrial Area,Wagale Estate,Ram Nagar, Vitthal Rukhumani Mandir, Thane-400604 Tel-(022)-66620808, Fax No-68342754, E-mail contact.phs@paramounttpa.com.

Branch Code : 022

Cashless Authorization Letter
(Part-D)

Date :23/09/2024 02:23:52 PM

Claim Number: **6990098** (Please quote this number for all further correspondence)

Authorization is valid for admission up to 06/10/2024.

MEDWAY HOPSITALS Pc7, Pc7a, Block No-4, Bharathi Salai Mogappair West Nolambur,Chennai,Tamil Nadu-600037 Rohini Id : 8900080475298	Name of Insurance Company :United India Insurance Company Ltd.
	Name of TPA : Paramount Health Services & Insurance TPA Pvt. Ltd.
	Proposer Name : RUBAN ABISHAAKE D
	Patient's Member : RUBAN ABISHAAKE D
	ID/TPA/Insurer ID of the Patient : 35445386
	Relation With Proposer : Employee
	Corporate Name: BARCLAYS GLOBAL SERVICE CENTRE PVT. LTD.

Dear Sir /Madam,
This has reference to the last documents received for pre-authorization request on 23/09/2024 01:57:14 PM. We hereby authorize cashless facility as per details mentioned below.

Patient Name : RUBAN ABISHAAKE D	Age : 34	Gender : MALE
Policy Number : 500700/28/24/P1/05664924	Expected Date of Admission : 21/09/2024	
Policy Period : 15/07/2024-14/07/2025	Expected Date of Discharge :23/09/2024	
Room category : Single Category as per T&C of Policy Contract	Estimated Length Of Stay :2	
Provisional Diagnosis : . Pilonidal Sinus And Hemorrhoids With Fissure In Ano	Proposed line of treatment : . Pilonidal Sinus And Hemorrhoids With Fissure In Ano	

Claim Remarks:

Authorization Details :-

Claim No	Policy No	Date & Time	Reference number	Amount	Status
6990098	500700/28/24/P1/05664924	23/09/2024 02:23	5482032	22050	Authorized
6990098	500700/28/24/P1/05664924	21/09/2024 02:49	5478162	55000	Authorized

Total Authorized amount:- Rs 77050 (SEVENTY SEVEN THOUSAND AND FIFTY)

Authorization Remarks: Approved for surgical management .. ** Claim will be processed as per agreed tariff . ** Policy T&C apply.

Hospital Agreed Tariff

I **Package Case:**
- Agreed Package Rate : NA

II **Non-package Case:**
- i. Room Rent/day : NA
- ii. ICU Rent/day : NA
- iii. Nursing Charges/day : NA
- iv. Consultant Visit Charges/day : NA
- v. Surgeon's fee/OT/Anesthetist : NA
- vi. Others (specify) : NA

Authorization Summary:

Total Bill Amount	: 77050
*Other Deductions	: 0
Discount	: 0
Co-Pay	: 0
Deductibles	: 0
Total Authorised Amount	: 77050
Amount to be paid by insured	: 0