BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby.THARIKA SRI 1/Female/MHM202407091 23/09/2024/IPM2024000861 Dr.DHANASEKHAR K

IP No. _____

Room No. ___

D.O.A. 23/9/24 Time 11.35AM.

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
23/9/24	12.45PM.	ER	IIIrd floor	M. Jayanthi

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
23/9/24	Blood c/s (6155)

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

21/9/24	chest x-Ray (6756)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

23/9/24	5		
24/9/24	10		
25/9/24	10		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Dhanasekaran.	23/9/24	24/9/24 (2)	25/9/24	(1500)			

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

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge

Cashless Authorization Letter

Part-D

Claim Number: 1212485306469 (Please quote this number for all further correspondence) Date:25/09/2024

Authorization is valid for admission up to 2024-10-08 00:00:00.0

ABC Hospital	: Medway Medical Centre (A Unit Of United Alliance Health Care Private Limited)	Name of Insurance Company	: Aditya Birla Health Insurance
Address	: 8/22, 4M Cross Street Trust Puram, Near Meenakshi College, Opp. Corporation Ground,8/22, 4M Cross Street Trust Puram, Near Meenakshi College, Opp. Corporation Ground,8/22, 4M Cross Street Trust Puram, Near Meenakshi College, Opp. Corporation Ground,Chennai,600033	Name of TPA	: NA
		Proposer Name	: Lakshmanan M
		Patient's Member	: THARIKA SRI L
		ID/TPA/Insurer Id of the Patient	: PT10734847
		Relation with Proposer	: NA
Rohini Id	: 8900080347533		

Dear Sir /Madam,
This has reference to the pre-authorization request submitted on 23-09-2024 05:30:43 We here by authorize cashless facility as per details mentioned below:

Patient Name:	THARIKA SRI L	Age:	1.0	Gender:	F
Policy Number:	GHI-71-24-3149927-000	Expected Date of Admission:	23/09/2024 12:00 AM		
Policy Period:	1Y	Expected Date of Discharge:	25/09/2024 12:00 PM		
Room category:	NA	Estimated length of stay:	2.0		
Eligible Room Category as per T&C of Policy Contract:	As per Policy schedule				
Provisional Diagnosis:	MEDICAL ABORATION	Proposed line of treatment:	Medical Management		

Authorization Details:-

Date & Time	Reference number	Amount	Status
25-09-2024	1212485306469	23115.55	Approved

Total Authorized amount:- Rs. 23115.55

Authorization Remarks :Final approved. Please do not collect MOU discount and tariff deductions from patient if any. Kindly collect NMEs and If any proportionate deduction done charges from patient. Final settlement will be as per agreed tariff only. Please provide all original documents at the time of settlement.

Hospital Agreed Tariff:

Package case

Agreed Package Rate NA

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/Anaesthetist : NA
vi. Others (specify) : NA

TOTAL BILL = 33263
APPROVED = 23116
10147
DISCOUNT 4990
5157
ADVANCE 5000
TO PAY 157

Authorization Summary:

Total Bill Amount: 33263.00
*Other Deductions: 10147.45
Discount: 4989.45
Co-Pay: 0.0
Deductibles: 0.00