BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _ Mr.LAJPATRAI RAMLAL ARORA
81/Male/MHM2024070 93
21/09/2024/IPM2024000856
Dr.VAISHNAVI GANESAN

IP No. _____

Room No. ____

D.O.A. 21/9/24 Time 4.45 PM

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
21/9/24	6.20PM	ER	1st Floor	Pushpa/3222
21/9/24	8.30pm	1st Floor (1130)	1st Floor (111)	~~Pom 3W~~

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
21/9/24	CBC, RFT, LFT, CRP, St. PCT, Urine RE (6712)
21/9/24	TROP I Qualitative (6717)
23/9/24	HBA1c - C (6758)
23/9/24.	Venous Doppler Both Legs (6754)

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

21/9/24	ECG (b7+11)		
~~21/9/24~~	~~ECG~~ ( )		

CBG

21/9/24	1 (b7+11)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. VAISHNAVI	23/9/24						
DR. Aravind	22/9/24						
DR. Promkumar Cleaning	22/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Pharmacy total Amt. Rs. 1184.65	
BILL CLEARED :	
RETURNS CHECKED : Dr 23 Sep 23 1.26pm	

Other Procedures : (specify) :-

Admission Officer :

22/9/24
Sister In-charge

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP39878057

Date :23 Sep 2024

To,

The Administrator / Medical Superintendent,
Medway Hospital,
NO PC7 & PC7A, BLOCK: 4,, BHARATHI SALAI, NOLAMBUR, MOGAPPAIR WEST, CHENNAI 600037
Hospital ID: (298883)
Rohini Id: 8900080475298

Dear Partner,

With reference to your request (39878057) for final cashless pre-authorization, we here by authorize INR **41045** against your final bill amount INR 50658. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Lajpatrai Ramlal Arora
Relation to Primary Beneficiary	Self
Age	82
Gender	M
Insurance Company	SBI General Insurance Co. Ltd.
Medi Assist ID	5122682299
Policy Holder	SBI Health Assist (Policy B)
IP No	
Policy No	4101200100000041-04_NewDelhi
Policy/Plan Period	16 Jan 2024 to 15 Jan 2025
Primary Beneficiary	Lajpatrai Ramlal Arora
Insurer Claim No	
Insurer Member ID	IN421133800

Treatment Details

Provisional Diagnosis	Cellulitis of left lower limb
Expected/Actual Date Of Admission	21 Sep 2024
Treating Doctor	VAISHNAVI GANESAN
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	23 Sep 2024
Room Category Occupied	Single private room
Length Of Stay	2
Eligible Room Category	

50658
41045
9613
5066
4547
500
453

Total Authorized amount Rs 41045 (Forty One Thousand and Forty Five).

Authorization Remarks :

FINAL AL

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)	50658
Other Deductions(INR)*	4548
Hospital Discount (INR)	5066
Deductibles (INR)	0
Total Authorized Amount(INR)	41045
Amount to be paid by Insured (INR)	4548