BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Miruthulaa

INSURANCE Insurance

D.O.A. 21/9/24 Time 8:40pm

IP No. IPM2024000858

Child.MIRUTHULAA. M.U
6/Female/MHM202407096
21/09/2024/IPM2024000858
Dr.BALAKRISHNAN

Room No. 302

Rent Per Day 4000/-

Date	Time		To	Sister Signature
21/09/24	10.30pm	ER	3rd Floor.	Rani 3no.

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
21/9/2	CBC / CRP / LFT / Sr. Electrolytes c Dengue NS1 (671B)

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

21/9/24	CxR (6722)		
23/9/24	MRI BRAIN & MRA and	MRV and	Seizure Profile (6786)
24/9	ECG (6786) ✓		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Baba Krishnan	21/9/24	22/9/24	23/9/24	24/9/24			

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

Other Procedures : (specify) :-

Diet.

Admission Officer :

Sister In-charge

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP124721362

Date :24 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 (124721362) for final cashless pre-authorization, we here by authorize INR **45980** against your final bill amount INR **54223**. The details of the pre-authorization are as follows:

Patient Details

Patient Name	M U Mirthulaa
Relation to Primary Beneficiary	Daughter
Age	5
Gender	F
Insurance Company	Royal Sundaram General Insurance Co. Ltd.
Medi Assist ID	4052584919
Policy Holder	Udhayakumar Munusamy
IP No.	
Policy No.	MHI00124240001 00_2023
Policy/Plan Period	30 Sep 2023 to 29 Sep 2024
Primary Beneficiary	Udhayakumar Munusamy
Insurer Claim No	IH24014475PRA00
Insurer Member ID	YT476523

Treatment Details

Provisional Diagnosis	Sepsis, unspecified organism
Expected/Actual Date Of Admission	21 Sep 2024
Treating Doctor	BALAKRISHNAN
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	24 Sep 2024
Room Category Occupied	Single private room
Length Of Stay	3
Eligible Room Category	

Total Authorized amount Rs 45980 (Forty Five Thousand Nine Hundred and Eighty).

Authorization Remarks :

Conditional approval given, if any discrepancy noted in the final claim stands null and void.

Authorization Summary

Total bill amount (INR)	54223
Other Deductions(INR)*	2820
Hospital Discount (INR)	5422
Deductibles (INR)	0
Total Authorized Amount(INR)	45980
Amount to be paid by Insured (INR)	2820

54223
45980
8243
5422
2821
5000
REFUND 2179