Child.SIDDHARTH. S
9/Male/MHM202407189
26/09/2024/IPM2024000878
Dr.SELVARAJAN

NG CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name

D.O.A 26/09/24 Time 5.30PM

IP No. _____

Rent Per Day 4000/-

Room No. 308

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
26/9/24	6.30PM	ER	AIP floor	M-Jamuna 3197
27/9/24	5.30PM	3rd Floor 308	OT	Sandhiya 3189
27/9/24	7.00AM	OT	3RD FLOOR	Shuji 3169

OPERATION THEATRE

Date	: 27/09/2024	OT No.	: 01
Surgeon	: DR. SELVARAJAN	Start Time	: 5.30AM
I Asst. Surgeon	:	End Time	: 6.30AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: Used.
Anaesthetist	: DR. SENTHILKUMAR	C-Arm	:
OT Nurse	: SANGAVI	Arthroscopy	:
Name of Surgery	: ADENO TONSILLECTOMY & LA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2 ML USED.
		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**

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Selvarajan	26/9/24	27/9/24					

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total Bill Amt. Rs. 7247.00	-
BILL CLEARED	: 7243 Sep 27 04pm Credit	
RETURNS CHECKED	:	

Other Procedures : (specify) :- OT cleaning done OT Instruments

30/9/24 Diet

Admission Officer : 0185

Sister In-charge

Cashless Final Authorization Letter

Date: 9/27/2024 5:23:12 PM

Dear Provider Partner ,
This has reference to the pre-authorization request submitted on 9/25/2024 3:32:41 PM
Claim Number:24092501462(Please quote this number for all further correspondence)

Authorization is valid for admission up to 10/3/2024 12:00:00 AM or expiry of the policy date whichever is earlier

Name of Hospital	: MEDWAY HOSPITALS		
Address	: PC7, PC7A, BLOCK NO: 4, BHARATHI SALAI, MOGAPPAIR WEST, NOLAMBUR , Mogappair , Ambattur Mogappair	Name of Insurance Company	: United India Insurance Co Ltd
		Name of TPA	: Family Health Plan Insurance TPA Limited
City	: Chennai	Proposer Name	:
District	: CHENNAI	Patient's Name	: Siddharth S
State	: Tamil Nadu	Insurer Id of the Patient	: 27384007
PinCode	: 600037	Relation with Proposer	: Son
Rohini ID	: 8900080475298		

We here by authorize cashless facility as per details mentioned below :

Patient Name	: Siddharth S	Age(Years)	: 8
Policy Number	: 5004002823P109563324	Gender	: Male
Policy Period	: 01-11-2023 - 31-10-2024	Expected Date of Admission	: 9/26/2024 12:00:00 AM
Room category	: Single A/C	Expected Date of Discharge	: 9/27/2024 11:59:59 PM
Eligible Room Category as per T&C of Policy Contract	: Single A/C	Estimated length of stay (Days)	: 2
Provisional Diagnosis	: ADENOTONSILLITS	Proposed line of treatment	: Surgical
Corporate Name	: Omega Healthcare Management Services Pvt Ltd	Branch Code	: Chennai-I

Authorization Details:

Date & Time	Reference number	Amount	Status
25/09/2024 -15:51	24092501462-1	30000.00	Approved
27/09/2024 -17:23	24092501462-2	32600.00	Approved

Total Authorized amount:- Rs:32600.00(Thirty Two Thousand Six Hundred)

Authorization Remarks :
Covered for Surgical Management.

Hospital Agreed Tariff:

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

Total = 51097.
Approval = 32600
18497.
Advance = 10000
Topay = 8497

Authorization Summary

Total Bill Amount	: 32600.00
*Other Deductions	: 0.00
Discount	: 0.00
Co-Pay	: 0.00
Deductibles	: 0.00
Total Authorized Amount	: 32600.00