Mr.SELVAMANI S
37/Male/MHM202407233
29/09/2024 IPM2024000897
Dr.ARAVINDH

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name ______

D.O.A 29/09/24 Time 2.15 pm

IP No. ______

Rent Per Day 4000/-

Room No. 308

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
29/9/24	1.20 PM	ER.	NPIII floor	[illegible] 2/97
30/9/24	1.47pm	3rd floor (308)	OT	Asha. B/3144
30/9/24	7.00PM	OT	ICU.	[illegible] 3169
30/9/24	9.30pm	ICU	3rd Floor 308	P.Mohanapriya 2240
5/10/24	10.40am	3rd floor	OT	[illegible]/2144
6/10/24	3am	OT	ICU	[illegible]
[illegible]/10/24	5am	ICU	3rd floor	P.Mohanapriya

OPERATION THEATRE

Date : 30/9/2024	OT No. : OT - I
Surgeon : DR. ARAVIND	Start Time : 2.30 PM
I Asst. Surgeon :	End Time : 6.30 PM
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist : DR. SENTHIL KUMAR	C-Arm :
OT Nurse : JAISON / MAITHILI	Arthroscopy :
Name of Surgery : RESECTION & ANASTAMOSIS ↓ FA c̄ 4A	Laproscopy : ULED, LOR ULED, ½ HRS.
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

Date	Start	Date	Disconnect
30/9/24	7pm	30/9/24	9.30pm
6/10/24	3am	6/10/24	5.30am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
30/9/24	7pm	30/9/24	9.30pm
6/10/24	3am	6/10/24	5.30am

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

Date	: 05/10/24	OT. No.	: II
Surgeon	: Dr. Aravind	Start Time	: 11.30 pm
I Asst. Surgeon	: Dr. Suresh	End Time	: 12.30 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: Dr. Senthilkumar.	C-Arm	:
OT Nurse	: S/N Vasantha.	Arthroscopy	:
Name of Surgery	: Re-explorative-laparotomy	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

LABORATORY

Date	
29/9/24	BT, CT, CEA (6970)
30/9/24	Illeum specimen send to main Medway Hospital. ① HPE (7019) ② Gene X pert (7039)
30/9/24	ABG Cl e (7019)
01/10/24	CRP (7038)
2/10/24	CBC, CRP. (7065)
3/10/24	K^+, CRP, HB (7092)
4/10/24	HB, CRP. (7123)
5/10/24	Hb, TC, CRP (7159) K^+ (7162)
bloody	ABG El7 (7198)
6/10/24	CRP, TC, K^+, Hb (7206)
7/10/24	Hb, CRP, K^+ (7225)
8/10/24	CRP (7259)
9/10/24	Hb, TC, K^+, CRP, Sr. albumin (7293)

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

30/9/24	Echo / done DR / Gala Sudhan	OP (7035)
4/10/24	CECT Abdomen & Pelvis	Golden Scan (7179)
5/10/24	Abdomen Erect	X-Ray (7167)

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. BABU VINISH	29/09						
DR. Balasudhan (Cardio)	30/9/24						
DR. Aravind	1/10/24	2/10/24	4/10/24	5/10/24	6/10/24	8/10/24	10/10/24

PHARMACY

OT DRUGS REPLACED :

BILL CLEARED : 10/10/24 DT removed.

RETURNS CHECKED 8/10/24 - Dressing Done by Dr. Aravind

AMBULANCE

Other Procedures : (specify) :- Epidural removed. 2/10/24 OT Instruments

2. Epidural line secure in OT on 30/9/24
3. Ryles tube done in OT on 30/9/24
Clearance o/c →

Lap small bowel resection. & Anastomosis.

OT CLEARANCE GIVEN 5/10/24

~~Hospital mecermation~~ 10 PRBC.

1. CATHETERIZATION PROCEDURE DONE BY OT AT 2.45PM ON 30/9/24
2. Catheterization procedure done in OT at 11.45 Pm on 05/10/24

patient Diet Food

	Morning	afternoon	Night
29/9/24	✗	✓	
30/9/24			
9/10/24	✓ (kanji)	✗	✓
10/10/24	✓		

Admission Officer :

Sister In-charge

5/10/24 1 unit PRBC Received from medway blood bank transfused

VIDAL HEALTH
INSURANCE THIRD PARTY ADMINISTRATOR

Cashless Authorization Letter

(Part-D)

Printed on 10/10/2024
Date : 10/10/2024

Claim Number: CHE-0924-PA-0003450 (please quote this number for all further correspondence)

Authorization is valid for admission up to 29/09/2024

MEDWAY HOSPITAL NO. PC-7 PC-7A BARATHI SAIAI NOLAMUR , MOGAPPAIR WEST Tamilnadu , 600037 Rohini Id: 8900080475298	Name of Insurance Company Name of TPA Proposer Name Patient's MemberID / TPA/Insurer Id of the Patient Relation with Proposer	: UNITED INDIA INSURANCE COMPANY LTD : Vidal Health Insurance TPA Pvt Ltd : SELVAMANI S : CHE-UI-T1148-001-0001516 A Self

Dear Sir /Madam ,
This has reference to the pre-authorization request submitted on 10/10/2024 06:23 PM , We here by authorize cashless facility as per details mentioned below:

Patient Name	:	SELVAMANI S	Age : 37	Gender	Male
Policy Number	:	090100/28/24/P1/09162466	Expected Date of Admission	:	29/09/2024
Policy Period	:	09-09-24 TO 08-09-25	Expected Date of Discharge	:	10/10/2024
Room category	:	Semi-Private Shared	Estimated length of stay	:	11 days
Eligible Room Category as per T&C of Policy Contract	:	Semi-Private Shared			
Provisional Diagnosis	:	SMALL BOWEL OBSTRUCTION	Proposed line of treatment	:	surgical management
Insurer Claim Number	:	0901002824C05137/001			

Authorization Details :

Date and time	Reference number	Amount	Status
10/10/2024 08:41 PM	CHE-0924-PA-0003450	377015	Approved

Total Authorized amount:- Rupees Three Lakh Seventy Seven Thousand and Fifteen Only (in words)

Authorization Remarks:

approved final
rest amount will approve in topup pa

Hospital Agreed Tariff:

I Package case :

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 / Anaesthetist :

vi. Others (specify) :

Authorization Summary:

Total Bill Amount	: 590642.00	(INR)
*Discount	: 47252.00	(INR) (At the time of Final Authorization)
Excess of package amount: (Not to be collected from the insured)	: 0.00	(INR) (At the time of Final Authorization)
*Other Deductions	: 79989.00	(INR) (At the time of Final Authorization)
Co Pay	: 0.00	(INR)
Co-Pay Buffer	: 0.00	(INR)
Deductibles	: 0.00	(INR)
Exceeds Policy Limit	: 86386.00	(INR)
Policy Deductable Amount	: 0.00	(INR)
Total Authorised Amount	: 377015.00	(INR)
Amount to be paid by Insured	: 166375	(INR) (At the time of Final Authorization)

* Discount & Other Deduction Details

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	ADMINISTRATION CHARGES	700.00	700.00	0.00	deducted
2	CARDIAC CATHETERIZATION	800.00	64.00	736.00	, Rs.64 deducted for discount.
3	DRESSING CHARGES	500.00	40.00	460.00	, Rs.40 deducted for discount.
4	LABORATORY INVESTIGATIONS	3900.00	312.00	3588.00	, Rs.312 deducted for discount.
5	MEDICAL AID	2000.00	2000.00	0.00	deducted
6	MEDICINE CHARGES	77344.00	14693.00	62651.00	deducted syringes gloves etc nme, Rs.6188 deducted for discount.
7	MISCELLANEOUS CHARGES	80000.00	6400.00	73600.00	, Rs.6400 deducted for discount.
8	OT CHARGES	31375.00	2510.00	28865.00	, Rs.2510 deducted for discount.
9	OXYGEN CHARGES	3000.00	240.00	2760.00	, Rs.240 deducted for discount.
10	PATHOLOGY	32123.00	2570.00	29553.00	, Rs.2570 deducted for discount.
11	PROFESSIONAL	234400.00	18752.00	215648.00	, Rs.18752 deducted for discount.
12	RADIOLOGY INVESTIGATIONS	13500.00	1080.00	12420.00	, Rs.1080 deducted for discount.
13	ROOM/BOARDING EXPENSES	36000.00	2880.00	33120.00	, Rs.2880 deducted for discount.
14	SPECIAL EQUIPMENT CHARGES	75000.00	75000.00	0.00	deducted harmonic charges, lap instrument charges

VIDAL HEALTH
INSURANCE THIRD PARTY ADMINISTRATOR

Cashless Authorization Letter

(Part-D)

Printed on 11/10/2024
Date : 11/10/2024

Claim Number: CHE-1024-PA-0001346 (please quote this number for all further correspondence)

Authorization is valid for admission up to 29/09/2024

MEDWAY HOSPITAL NO. PC-7 PC-7A BARATHI SAIAI NOLAMUR , MOGAPPAIR WEST Tamilnadu , 600037 Rohini Id: 8900080475298	Name of Insurance Company Name of TPA Proposer Name Patient's MemberID / TPA/Insurer Id of the Patient Relation with Proposer	: UNITED INDIA INSURANCE COMPANY LTD : Vidal Health Insurance TPA Pvt Ltd SELVAMANI S : CHE-UI-T1148-003-0000264-A : Self

Dear Sir /Madam ,
This has reference to the pre-authorization request submitted on 10/10/2024 06:23 PM , We here by authorize cashless facility as per details mentioned below:

Patient Name	:	SELVAMANI S	Age : 37	Gender	: Male
Policy Number	:	090100/28/24/P1/09162162/TOPUP	Expected Date of Admission	:	29/09/2024
Policy Period	:	09-09-24 TO 08-09-25	Expected Date of Discharge	:	10/10/2024
Room category	:	Semi-Private Shared	Estimated length of stay	:	11 days
Eligible Room Category as per T&C of Policy Contract	:	Semi-Private Shared			
Provisional Diagnosis	:	SMALL BOWEL OBSTRUCTION	Proposed line of treatment	:	surgical management
Insurer Claim Number	:				

Authorization Details :

Date and time	Reference number	Amount	Status
11/10/2024 08:33 PM	CHE-1024-PA-0001346	86386	Approved

Total Authorized amount:- Rupees Eighty Six Thousand Three Hundred and Eighty Six Only (in words)

Authorization Remarks:
FINAL APPROVAL GIVEN, rest amount approved in base paCHE-0924-PA-0003450

Previous All Stands Null And Void
Non-Medical Expenses Are Not Payable, TO BE COLLECTED FROM THE PATIENT.
Subject To Verification During Claims.
A Valid Photo Id Of The Patient Is Mandatory During Claims.
*KINDLY SUBMIT ALL THE INVESTIGATION REPORTS AND IN DOOR CASE SHEETS DURING CLAIMS.

TOTAL BILL = 590642
APPROVED = 377015
86386
127241
DISCOUNT = 41252
79989
166375
86386