

INSURANCE



## BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name

Mr.SELVARAJ K

87.Male/MHM202407242

04/10/2024/IPM2024000922

D.O.A. 4/10/24 Time 9:00

IP No. \_\_\_\_\_

Dr.SUPRAJA K

Room No. \_\_\_\_\_



Rent Per Day 7000/-

## TRANSFER DETAILS

Date	Time	From	To	Sister Signature
4/10/24	10pm	ER	ICU	Rudhnanap 2296
7/10/24	3:30pm	ICU	113	Jul 5200

## OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
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

## INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
04/10/24	10pm	07/10/24	3:30pm				

## OXYGEN

## OXYGEN STRINGS PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
04/10/24	10pm	4/10/24	11:30pm	7/10/24	6pm	7/10/24	8pm
05/10/24	8am	5/10/24	1pm	8/10/24	6am	8/10/24	8am
05/10/24	3pm	5/10/24	10pm	8/10/24	8am	8/10/24	10am
06/10/24	3am	6/10/24	11:30pm	8/10/24	12pm	8/10/24	2pm
07/10/24	7:15am	7/10/24	10:30am	8/10/24	2pm	8/10/24	8pm
7/10/24	12:30pm	7/10/24	3:30pm	8/10/24	8pm	8/10/24	10pm

## ALPHABED / SCD PUMP

## BIPAP

## BIPAP VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
7/10/24	8pm	8/10/24	6am	4/10/24	11:30pm	5/10/24	8am
8/10/24	10am	8/10/24	12pm	5/10/24	1pm	5/10/24	3pm
8/10/24	2pm	8/10/24	4pm	5/10/24	10pm	6/10/24	3am
8/10/24	6pm	8/10/24	8pm	6/10/24	11:30am	7/10/24	7:15am
8/10/24	10pm	8/10/24	6am	7/10/24	10:30am	7/10/24	10:30am



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
4/10/24	• CBC • RFT (7151) • Blood clt (7151) ABG (7152)
5/10/24	ABG clt (7156) ABG X E167 (7158)
6/10/24	• CRP (7200) ABG E167 (7201) ABG (7202) (7203)
7/10/24	ABG E167 (7204) (7205)
8/10/24	ABG (7299)

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

04/04/24 CXR BLS (7152) ✓  
 05/04/24 CXR BLS (1702) ✓

CBG

4/04/24 (7152) ✓

CBG

Date

5/10/24 12:00 pm ✓

PHYSIOTHERAPY

Dis - Feb 1 - Del Session

NEBULIZER

05/10/24 (1) + (1) + (1) ✓  
 06/10/24 (1) + (1) + (1) ✓  
 07/10/24 (1) + (1) + (1) ✓  
 8/10/24 (1) + (1) ✓  
 9/10/24 (1) + (1) ✓

NEBULIZER

(17)





# AUTHORIZATION LETTER - 2



Payment Valid for Admission Between

04/10/2024

and

11/10/2024

Changed Toll Free Phone Number : 18002335544

Authorization Fax Number : 044-28297252

## THE MEDICAL DIRECTOR

Medway Hospital

New No:8, Old No.222, 4th Cross  
Street, trustpuram, kodambakkam, Chennai.

Tamil Nadu Chennai

Phone No :

Fax No :

CCN

MDI5111598

Date 09/10/2024

(Please quote this CCNo. in all future correspondence in this regard)

MDI ID Number

MDI5-0000462603

Policy Number

010600\28\22\P100000022

Corporate Name :

K Selvarakj

Emp-Code

A855637

SLLVARAJU K K

Dear Sir / Madam : With respect to the "Request for Authorization Letter(RAL)" for treatment of

Mr/Ms:

Age

85

Sex

Male

at

received on

09/10/2024

Medway Hospital

we are hereby issuing this "Authorization Letter" for cashless services in your esteemed institution, subject to the terms and conditions, exclusions and limitations of the health coverage plan of the patient.

S.TAX Reg No :

1. Name of the Patient :

2. Diagnosis :

3. Proposed Line of Treatment :

Surgical

4. Treating Doctor :

5. Guarantee of Payment Upto Rs :

76222

being the necessary treatment cost.

Amount in words (Rs) :

Seventy six Thousand Two Hundred Twenty two Only.

Total Authorised Amount (Rs) :

AL1- Rs. 10000 + AL2- Rs. 76222 = Rs. 86222/-

Patient Photo



Hospital Alert :

1. In case of a change in primary diagnosis, kindly intimate MDIndia in writing immediately.

3. Charges for miscellaneous, related & allied services must be collected directly from the patient.

Examples: Registration/Admission Fees, Service Charges, Surcharge, Tel/Fax/Photocopy, Food & Beverages for relatives, Special Diets, External Implants, Supports & Accessories, Dental Treatment, Toiletries, Private Nurse Charges, Ambulance, Barber charges, etc.

MDIndia will not be liable for payments in case the information provided in the "Request for Authorization Letter" and subsequent documents during the course of authorization, is found incorrect/revised or not disclosed.

\*\*\*PS: Please quote your PAN no. immediately thru mail to [empanelment@mdindia.com](mailto:empanelment@mdindia.com) without fail and confirm with our team about updation of the same on Tel no. 020 25300036, in absence of which TDS @ 20% will be deducted from Cashless Payments.

Important: Please send duly filled Claim Form Signed by the Patient, along with all the original bills / receipts, prescriptions, investigation reports and the discharge card with necessary attestation, within 7 days of discharge of the patient."

Please send pre & post operative X ray plates for claims of Fracture & joint replacements along with the claim documents

This is Computerized statement hence doesn't required signature

Undertaking by the Patient:

I hereby authorize the hospital/provider to submit the original discharge card and all original documents related to my treatment to MDIndia and authorize MDIndia to settle my claims directly with the Hospital.

Signature of Patient :

Disclaimer: The cashless access in MDIndia network of hospitals is merely a facility extended to the patient by the Insurance Company. MDIndia/Insurance Company doesn't guarantee the availability, quality & outcome of treatment, which is the sole responsibility of the provider. Choice of hospital/provider is the right of the patient.

W.E.F 1st Feb'2015, claim payment will be made directly by United India Insurance Company Ltd. (UIIC) . If any hospital desires to have TDS exemption benefit, may please arrange for TDS exemption certificate in favor of UIIC (TAN CHEU00014A). Earlier TDS Exemption certificate in name of MDIndia TPA will not be applicable and in absence of fresh TDS certificate, UIIC will be deducting TDS at 10%. UIIC will provide TDS certificate for the same directly to hospital.

TOTAL BILL: 132953

Approved: 86222

Approved: 46731

Approved: 5000

Approved: 41731

MDIndia Health Insurance TPA Private Limited.

Guna Complex, New Door No. 443 & 445, Old Door No. 304 & 305, Annasalai, Teynampet, Chennai - 600018

Toll free No : 1800-233-5544 Email : [nhisp\\_customercare@mdindia.com](mailto:nhisp_customercare@mdindia.com); [nhisp\\_authorisation@mdindia.com](mailto:nhisp_authorisation@mdindia.com)

[www.tnnhis2018.in](http://www.tnnhis2018.in)