INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mrs.KALAISELVI S
47/Female/MHM202407254
30/09/2024/IPM2024000894
Dr.BALAMURUGAN.S

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 30/9/24 Time 11.00 AM

Rent Per Day 1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/9/24	1.45pm	ER	FIRST FLOOR (113)	
30/9/24	7.15pm	1st Floor	OT	
30/9/24	10.00pm	OT	1st Floor	Murugan 3118

OPERATION THEATRE

Date	: 30/9/24	OT No.	: 1
Surgeon	: Dr. Balamurugan	Start Time	: 8.00 Pm
I Asst. Surgeon	:	End Time	: 9.30 Pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: Used
Anaesthetist	: Dr. Senthilkumar	C-Arm	:
OT Nurse	: Maithili.v / Jaison	Arthroscopy	:
Name of Surgery	: Lap. cholecystectomy & Haemorrhoidectomy under GA	Laproscopy	: used
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 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
30/9/24	BT, CT, (₹007)
30/9/24	Specimen Send to main medway Hospital 1) Gall bladder (₹048) 2) cystic duct

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

30/9	ECG (700b)		

CBG

30/9/24	(1) 7014		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Balasubramanian	30/9/24	1/10/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Bill Amt. RS. 16729.00 Rs	—
BILL CLEARED :	
RETURNS CHECKED : 2243 Oct 1 12.50pm	

Other Procedures : (specify) :-

OT clearance Given
Shamila 3/10.

OT Instruments
Diet
Endoscopy
Colonoscopy

—

Admission Officer :

Sister In-charge

हेल्थ इन्श्योरेंस टीपीए ऑफ इन्डिया लिमिटेड
HEALTH INSURANCE TPA OF INDIA LTD.

Pre-Authorization Approval Letter

Claim Number:241200214696 (Please quote this number for all further correspondence)

Date: 01/10/2024

MEDWAY HOSPITALS- MOGAPPAIR WEST NO. PC 7 & PC 7A, 4 TH BLOCK, BHARATHI SALAI, NOLAMBUR, MOGAPPAIR WEST ,CHENNAI- 600037 Ambattur Tiruvallur TAMIL NADU-600037	Insurer Proposer Name Patient's Member UHID Relation with Proposer	: The New India Assurance Company Ltd : MRS.S KALAISELVI : 1220000011501201 : Self

Dear Sir /Madam ,

This has reference to the pre-authorization request submitted by you on 01/10/2024. We hereby authorize cashless facility as per details mentioned below:

Patient Name	: MRS.S KALAISELVI	Age : 47	Gender : Female
Policy Number	: 71010034242800000329	Expected Date of Admission	: 30/09/2024
Policy Period	: 02/07/2024 to 01/07/2025	Expected Date of Discharge	: 01/10/2024
Room category	: Single Room Charges - A/C	Estimated length of stay	: 2 Day(s)
Provisional Diagnosis	: cholelithiasis	Proposed line of treatment	: Medical

Authorization Details:-

Date	Reference number	Amount	Status
30/09/2024	241200214696010201	Rs 45000.00	Approved
01/10/2024	241200214696013301	Rs 37500.00	Approved

Total Authorized amount:- Rs 82500.00 (Rupees Eighty Two Thousand Five Hundred Only)

Authorization Remarks :

1)Final settlement will be done strictly as per agreed hospital tariff irrespective of authorization issued.

2)This is Full & final authorization for ..... (Name of Procedure / disease) (% of SI) as per policy t&c .

approved as per the ppn package