CMCHIS INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. YAMUNAMBAL K D.O.A. 01/10/24 Time 11:30am

IP No. 2024001265

Room No. GICU/F Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
1/10/24	12.10pm	ER	G/ward	
5/10/24	10.40am	CTW	OT	
5/10/24	1.40PM	OT	ward G/W	

OPERATION THEATRE

Date	: 5/10/24	OT No.	: 11
Surgeon	: Dr. Ananth. Duo	Start Time	: 10.30AM
I Asst. Surgeon	: –	End Time	: 1.30PM
II Asst. Surgeon	: –	Dis. Pack	: –
III Asst. Surgeon	: –	Diathermy	: 2 hourly
Anaesthetist	: Dr. Jamuna. ms.	C-Arm	: –
OT Nurse	: Ramya, Kavitha	Arthroscopy	: –
Name of Surgery	: LAVH & G/A	Laproscopy	: 1 hourly. vagal sclerosed.
		Sevoflurane / ~~Isoflurane~~	: 2% hourly.
Sudhagar Out of duty		Inj. Fentanyl	: 1 AMP used.
		Others	: O2 1 hourly.

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
06/10/24	CBC, FBS ( )

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

1/10/24.	Echo screening (12515)		

CBG

1/10/24	CBG - (1)	(2513)	
2/10/24	CBG - (3)	(2540)	
3/10/24	CBG (2)	2584	
4/10/24	CBG (1)	(2613)	
4/10/24	CBG (2)	(2624)	
5/10/24	CBG (1)	(2658)	
5/10/24	CBG - (1)	(2658)	
6/10/24	CBG - (1)	(2682)	

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CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aandh DMO	1.10.24 9pm	2.10.24 9.30pm	4.10.24 4.Pm	5/10/24 9pm	6/10/24 9am	7/10/24 11am	
							(6)
DR. Jamuna	6/10/24						

Verified

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyanthi	
BILL CLEARED : ~~00~~ due :- 13476/-	
RETURNS CHECKED : Tot :- 13476/-	
Other Procedures : (specify) :- ~~Cash :- 398~~/-	

Verified by

4.30pm

Admission Officer :

Sister In-charge

7/10/24

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	04/10/2024 1:09PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Thanjavur TN.	**Policy No./Card No.**	333264046170
		Payer/TPA ID Card No.	0133211351172320000693
Authorization No.	13H_2259964896741-6	**Name of the Patient**	YAMUNAMBAL
Date of Admission	01/10/2024 11:30 AM	**Age:** 50 Years	**Sex:** Female
Provisional Diagnosis	C/O MAS DESCENDING P/V SINCE 6 MONTHS, H/O WHITE DISCHARGE, LOWER ABDOMINAL DISCOMFORT		
Authorization			
Authorised Limit	15350.00		
Authorised Limit (In Words)	Fifteen Thousand, Three Hundred Fifty Only		
Previous Authorised Limit			
Remarks	Claims as per treatment.		

Instruction to Hospitals:

1. This Authorization letter is issued that the information given in the pre-authorization is correct. Any information hidden/wrongly given regarding pre-existing disease will make this authorization null and void.
2. This Authorization is binding on the insurance policy terms, limitations and conditions.
3. Disclaimer : The cashless access given to network hospital is merely a facility extended by Payer. Payer does not guarantee the availability, quality and out come of treatment.
   * Denial is in no way to be construed as denial of treatment, only cashless access is denied.
4. If amount exceeds authorization amount Payer approvals has been obtained for enhancement. Payer will be pleased to confirm on Insurance policy limits and conditions.

This is a Computer Generated Statement So No Signature is Required.

Note : Please quote our Authorization Number in all the correspondence and bills.