BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Baby.OSBORNE SAMUEL
3'Male/MHM202407261
30/09/2024/IPM2024000897

IP No. _____

Room No. _____

Dr.S RAASHIDHA

D.O.A. 30/9/24 Time 7.15PM

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/9/24	9.15PM	ER	1st floor	Skaut 2024

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	:

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	CBC. CRP. Electrolytes. Urea. Creatine (7029.)

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

CBG

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Raashidha.	30/9/24.	1/10/24 (2)	2/10/24				

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total Bill Amt. Rs. 3607.00 Dns	
BILL CLEARED	:	NIL
RETURNS CHECKED	: 2243. Oct 24 3.16pm.	

Other Procedures : (specify) :-

Diet -

OT equipment -

Endoscopy / colonoscopy

Admission Officer : 3/10/24

Sister In-charge 3/10/24

Cashless Authorization Letter (124924500)
(Please quote this reference number in all future correspondence)

E-card | Claims | Plan hospitalization | Hospitals

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP124924500

Date :02 Oct 2024

To,

The Administrator / Medical Superintendent,
Medway Hospital,
NO PC7 & PC7A, BLOCK: 4,, BHARATHI SALAI, NOLAMBUR, MOGAPPAIR WEST, CHENNAI 600037
Hospital ID: (298883)
Rohini Id: 8900080475298

Dear Partner,

With reference to your request (124924500) for final cashless pre-authorization, we here by authorize INR **19957** against your final bill amount INR **24144**. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Osborne Samuel
Relation to Primary Beneficiary	Son
Age	1
Gender	M
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	4054966526
Policy Holder	BNY MELLON Technology Private Limited - Chennai SEZ
IP No.	
Policy No.	91000034230400000154_Base_Chennai
Policy/Plan Period	01 Jan 2024 to 31 Dec 2024
Primary Beneficiary	Sivakumar Anantharaman
Insurer Claim No	TP00391000024900041779
Insurer Member ID	MEMBER12714

Treatment Details

Provisional Diagnosis	Fever Of Unknown Origin
Expected/Actual Date Of Admission	30 Sep 2024
Treating Doctor	RAASHIDHA
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	02 Oct 2024
Room Category Occupied	Single private room
Length Of Stay	2
Eligible Room Category	Single Ward (Private / Special / Executive Ward)

Total Authorized amount Rs 19957 (Nineteen Thousand Nine Hundred and Fifty Seven).

Authorization Remarks :

FINAL

Note: If Top Up is available and applicable, as per policy conditions, Top Up claims will be processed and additional amounts will be approved above with base amount as per your benefit

Total = 24144

Approval = 19957

4187.

Hos. Discount = 1414

2773

Authorization Summary

Total bill amount (INR)	24144
Other Deductions(INR)*	2774
Hospital Discount (INR)	1414
Deductibles (INR)	0
Total Authorized Amount(INR)	19957
Amount to be paid by Insured (INR)	2774