

3 OCT 2024

Mrs.P.SANTHI

53/Female/MHV202404938

02/10/2024 IPV2024000925

Dr.K.GAYATHRI MD



# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

D.O.A. 02/10/24 Time 12:00pm

Room No. Triple sharing Non A/c - 302 A

Rent Per Day 1000/-

## TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/10/24	12 PM	ER	Hard	<i>[Signature]</i>

## 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

## INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

## OXYGEN

## SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

## ALPHA BED / SCD PUMP

## VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

## LABORATORY



[illegible]

[illegible]

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	3666	<p><i>Dr. Dayal</i> 04/10/24</p> <p><i>Advan - 841 (Pharmacy Advance)</i></p>
BILL CLEARED :	<i>Returns</i> - <u>226</u>	
RETURNS CHECKED :	<u>3440</u>	

OT DRUGS REPLACED : 3666  
BILL CLEARED : Returns - 226  
RETURNS CHECKED : 3440

A. Day  
04/10/24

Advan - 841 (Pharmacy Advance)

Other Procedures : (specify) :-

02/10/2024

Admission Officer :

S. Saeedullah  
Sister In-charge





# GOOD HEALTH INSURANCE TPA LIMITED

(formerly known as GOOD HEALTH TPA SERVICES LIMITED)

Suite 403-406A, 4th floor Ashoka My Home Chambers, Behind Ashoka Bhoopal Chambers,  
Sardar Patel Road, Secunderabad -500003

Phone : 1800 425 3232, 1860 425 3232 Website : [www.goodhealthtpa.com](http://www.goodhealthtpa.com)



Total Bill Amount	: 20,000/-
*Other Deductions	: 0/- (Will be determined upon receipt of final bill and discharge summary)
Discount	: 0/- (Will be determined upon receipt of final bill and discharge summary)
Co-Pay	: 0/-
Deductibles	: 0/-
Total Authorised Amount:	: 20000/-
Amount to be Collected from Patient at the time of Discharge	: As per authorization remarks

**This authorization is issued as per policy terms and conditions. Hospital shall share the final bill as per agreed tariff and ensure inclusion of discount as per the MOU in the final bill"**

**Claimant/ Insured may claim such discounts, as were received by the Insurer from the hospital pertaining to his/ her hospitalization claim provided that the customer will get only such benefit, as if he/she would have got had the hospital applied the discount payable to insurer in the original bill. Claimant may submit the relevant bills / receipts / documents if any for claiming under the policy benefit and the same would be processed in accordance to policy terms and conditions and available balance SI post settlement of claim with provider.**

## **\*Open Billing Details**

S.no	Description	Bill Amount (In Rupees)	PD Amount (In Rupees)	IRDA Non-Payables (In Rupees)	Excess Deduction (In Rupees)	ADM Amt. after PD (In Rupees)	ADM Amount	Deduction Reason
1	Room Rent	0/-	null/-	null/-	0/-	null/-	0/-	NA
2	Professional fee	0/-	null/-	null/-	0/-	null/-	0/-	NA
3	Investigations	0/-	null/-	null/-	0/-	null/-	0/-	NA
4	Pharmacy	0/-	null/-	null/-	0/-	null/-	0/-	NA
5	OT Related	0/-	null/-	null/-	0/-	null/-	0/-	NA
6	Others	20000/-	null/-	null/-	0/-	null/-	20000/-	NA

## **Terms And conditions of Authorization**

- Cashless Authorization letter issued on the basis of information provided in Pre- Authorization form. In case misrepresentation/concealment of the facts, any material difference/ deviation/ discrepancy in information is observed in discharge summary/ IPD records then cashless authorization shall stand null & void. At any point of claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain admissibility of claim.
- KYC (Know your customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh.
- Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in package).
- Network provider shall not make any recovery from the deposit amount collected from the Insured except for costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package).
- In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA / Insurance Company reserves the right to recover the same or get the same refunded to the policyholder from the Network Provider and/or take necessary action, as provided under the MoU.
- Where a treatment/procedure is to be carried out by a doctor/surgeon of insured's choice (not empaneled with the hospital), Network Provider may give treatment after obtaining specific consent of policyholder.
- Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.

## **DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM**

- Detailed Discharge Summary and all Bills from the hospital
- Cash Memos from the Hospitals / Chemists supported by proper prescription.
- Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such Diagnostic supported by note from the attending Medical Practitioner/ Surgeon recommending such diagnostic tests.



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## CASHLESS AUTHORIZATION LETTER

Date : 03-Oct-2024 04:11 PM

(Part - D)

Claim Number: 1251604 (Please quote this number for all further correspondence)

Authorization is valid for admission up to 10-Oct-2024 04:11 PM

To, The Administrator / Medical Superintendent MEDWAY HOSPITALS-VILLIPURAM NO.15, RANGANATHAN ROAD, POONTHOTTAM, VILLUPURAM, VILLUPURAM, VILLUPURAM, TAMIL NADU. GH Provider ID : 165701 ROHINI ID : 8900080589117	Name of Insurance Company : NATIONAL INSURANCE CO. LTD. Name of TPA : GOOD HEALTH INSURANCE TPA LIMITED Proposer Name : PARTHASARATHY S Patient's Member ID/Insurer Id of the Patient : GHNI0402045456 / Relation with Proposer : WIFE Insurer Claim ID : NA Corporate/Product Name : NLC INDIA LTD
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Dear Sir /Madam ,

This has reference to the pre-authorization request 21583950 submitted on 02-Oct-2024 03:19 PM. We hereby authorize cashless facility as per details mentioned below :

Patient Name	SANTHI P	Age : 53 years	Gender :F
Policy Number	500101502410000064	Expected Date of Admission	02-Oct-2024 03.42 PM
Policy Period	01-09-2024 12:00 to 31-08-2025 12:00	Expected Date of Discharge	03-Oct-2024 03.42 PM
Room category :	General		
Eligible Room Category as per T&C of Policy Contract:	General	Estimated length of stay	1 days
Provisional Diagnosis	AGE/ TYPE II DM/SHT/CAD	Proposed line of treatment	Medical Management

### Authorization Details:-

SNo.	Status	Approved Date & Time	Reference number	Cumulative Approved Amount (In Rupees)
1	Preauth	02-Oct-2024 03:37 PM	21583437	20,000/-
2	Reauth 1	03-Oct-2024 04:11 PM	21583950	0/-
Total				20,000/-

Total Authorized amount:- Rs. 20,000/- (RUPEES TWENTY THOUSAND ONLY)

Authorization Remarks : APPROVED AMOUNT RS 16544, KINLDY COLLECT NME AND OTHER CHARGES FROM PATIENT RS 674(IV SET,EASY FIX,VENFLOW,SYRINGE,CHARGES N P)SUBJECT TO SUBMISSION OF ALL DOCUMENTS AND INVESTIGATION REPORTS DURINGCLAIM SETTLEMENT. CLAIM PROCESSED TERMS AND AS PER POLICY CONDITION .(FOLLOW REMARK)

Hospital Agreed Tariff:	(In Rupees)
I Package case	
Agreed Package Rate	0/-
Package charges exclude cost towards implants/co-morbidity/extended stay	
II Non-package Case:	
i .Room Rent/Day:	0/-
ii . ICU Rent/Day:	null/-
iii . Nursing Charges/day	0/-
iv . Consultant Visit Charges/day:	0/-
V . Surgeon's fee/OT/Anaesthetist	0/-
Vi . Others (Investigations,Pharmacy,Others)	20000/-

Authorization Summary : (In Rupees)

Total Sum - 17218