INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mrs.KAVERI M SUMATHI
32/Female/MHM202407307
03/10/2024/IPM2024000914
Dr.VAISHNAVI GANESAN

Patient Name _____

IP No. _____

Room No. 113

D.O.A. 03/10/24 Time 6.30 pm

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
3/10/24	6.30 Pm	ER	1st floor	Shruti 3025

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
3/10/24.	CBC, CRP, RFT, LFT, Dengue NS1 IgM ELISA Widal Lepto IgM, Blood Culture. Urine R/E (7116)
4/10/24	[illegible]
4/10/24	[illegible]
5/10/24.	CBC (7157)

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

3/10/24	ECG - (1) Y	(7117)	
	Xray chest - (1)		
4/10/24	ECHO - (1)	(7130)	) done by Dr. Sabai Sudeen
5/10/24	USG Abdomen	(7173)	

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. VAISHNAVI	4/10/24	5/10/24					
DR. SALAI SUDHAN	4/10/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Bill Amt. Rs. 7805.00	←
BILL CLEARED : Dr S	
RETURNS CHECKED : 2nd Oct 07 8.57pm.	

Other Procedures : (specify) :-

Diet

OT Instruments

Admission Officer :

Sister In-charge

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

Pre-Authorization Approval Letter

Claim Number:241100220678 (Please quote this number for all further correspondence)

Date: 05/10/2024

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 Corporate Name Employee Name Employee No Patient's Member UHID Relation with Employee	: United India Insurance Company Ltd : The New India Assurance Co. Ltd. : KAVERI M SUMATHI : 37389 : 1118000008102801 : Employee

Dear Sir /Madam ,

This has reference to the pre-authorization request submitted by you on 05/10/2024. We hereby authorize cashless facility as per details mentioned below:

Patient Name	: Kaveri M Sumathi ,	Age : 31	Gender : Female
Policy Number	: 021000282AP100963971	Expected Date of Admission	: 03/10/2024
Policy Period	: 01/04/2024 to 31/03/2025	Expected Date of Discharge	: 05/10/2024
Room category	: Single Room Charges - A/C	Estimated length of stay	: 3 Day(s)
Provisional Diagnosis	: AFI	Proposed line of treatment	: Medical

Authorization Details:-

Date	Reference number	Amount	Status
04/10/2024	241100220678010201	Rs 50000.00	Approved
05/10/2024	241100220678013301	Rs -2528.00	Approved

Total Authorized amount:- Rs 47472.00 (Rupees Forty Seven Thousand Four Hundred Seventy Two Only)

Authorization Remarks :

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

collect non payable items from patient

Admission Charges 700

disinfe2000

Deducted-

TOTAL BILL = 50172

APPROVED = 47472

2700

5000

REFUND = 2300