Refer Dr. Ayshabeevi

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Baby.MAGIZHINI VETRIMADHI
2/Female/MHM202407311
03/10/2024/IPM2024000915
Dr.AIYSHA BEEVI

IP No. ______

Room No. ___

D.O.A. 3/10/24 Time 9.50pm

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
3/10/24	11 Pm	ER	Ist Floor.	Mohana.

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, calcium, LFT, creatinine (7118)
	Peripheral smear
4/10/24	COVID INFLUENZA VIRUS PANEL (7127)
4/10/24	URINE R/E (7131)
"	URINE C/S (7132)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
3/10/24	chest x-ray. (7119)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Ayshabeevi							
Dr. Sreenie	3/10/24	4/10/24	5/10/24 (2)	6/10/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Bill Amt. Rs. 3578.00	
BILL CLEARED : Paid Bill Amt. Rs. 611.00	NIL
RETURNS CHECKED : Credit Bill Amt. Rs. 2967.00	

07 Oct 9.45am

Other Procedures : (specify) :-

800/3048

Admission Officer : 3/10/24

Sister In-charge

niva Bupa Health Insurance

Date: 06/10/2024

To,

Medway Hospitals

PC7 & PC7A, Block 4, Bharathi Salai, Nolambur, Mogappair W

Contact Number/Fax Number: 08041305885

Dear Service Partner,

We are glad to inform that Cashless Request id 988252 is approved at 06/10/2024 17:58:44. Refer to the following details.

Patient Name:	Miss A.J.MAGIZHINI Vetrimadhi
Age/ Gender:	2 / Female
Member id	16173705
Approved Room Category:	PRIVATE/ SINGLE ROOM
Diagnosis:	Febrile convulsions
Date of Admission:	03/10/2024
Length of stay:	3
Policy valid upto:	08/05/2025
Date of Discharge:	06/10/2024
Total Bill amount:	44,537.00
Provider Discount:	1,913.00
Total amount authorized:	39,394.00
Collect from insured:	**Rs. 3,230.00** (Non- payable Deductions- **3,230.00**, Co-payment **0.00**, Deductible - **0.00**)

*** Other Deduction Details**

niva Bupa
Health Insurance

Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
Hospital Accommodation	9,000.00	450.00	8,550.00	Provider discount is applied
Physicians fees	9,600.00	480.00	9,120.00	Provider discount is applied
Patho., X-rays, diag. tests & therapies	19,658.00	983.00	18,675.00	Provider discount is applied
Medicines, Drugs	6,279.00	3,230.00	3,049.00	administrtion charge 700 disinfection charge 2000 swab 170 underpad 360 Safe Guard Opted, Non medical paid as per Annexure 2 , list 1 only, rest deducted. DS will be settle as per given discount/MOU signed with Hospital only
TOTAL	**44,537.00**	**5,143.00**	**39,394.00**	

Warm Regards,
Claims Team- Niva Bupa

This is a system generated letter and does not require signature

Total Bill Amt 44537
Approved Amt 39394 (-)
5143
discount 1913 (-)
3230
Advance 5000 (-)
1770
refund