



# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name -

Baby.SANJAY

3'Male/MHM202407312

03/10/2024/PM2024006916

IP No. \_\_\_\_\_

Dr.AIYSHA BEEVI

Room No. \_\_\_\_\_



D.O.A. 3/10/24 Time 10.05pm

Rent Per Day 1500/-

## TRANSFER DETAILS

Date	Time	From	To	Sister Signature
3/10/24	11.30pm	ER	11 <sup>th</sup> Floor 309	R. Prudhvi 3204

## 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 :

## LABORATORY

[illegible]

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

**CBG**

**CBG**

**Date**

**PHYSIOTHERAPY**

**NEBULIZER**

**NEBULIZER**

4/10/24 1 + 1  
5/10/24 1 + 1 + 1  
6/10/24 1 + 1 + 1  
7/10/24 2 +

10

[illegible]

Hospital Agreed Tariff:**I Package case :**

Agreed package rate :

**II Non -Package case :**

- i. Room Rent / day :
- ii. ICU Rent / day :
- iii. Nursing Charges / day :
- iv. Consultant Visit Charges / day :
- v. Surgeon's fee / OT / Anaesthetist :
- vi. Others (specify) :

Authorization Summary:

Total Bill Amount	: 30838.00	(INR)
*Discount	: 0.00	(INR) (At the time of Final Authorization)
Excess of package amount: (Not to be collected from the insured)	: 0.00	(INR) (At the time of Final Authorization)
*Other Deductions	: 2945.00	(INR) (At the time of Final Authorization)
Co-Pay	: 0.00	(INR)
Co-Pay Buffer	: 0.00	(INR)
Deductibles	: 0.00	(INR)
Exceeds Policy Limit	: 0.00	(INR)
Policy Deductable Amount	: 0.00	(INR)
Total Authorised Amount:	: 27893.00	(INR)
Amount to be paid by Insured	: 2945	(INR) (At the time of Final Authorization)

\* Discount & Other Deduction Details

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	CONSULTATION	6800.00	0.00	6800.00	
2	MISCELLANEOUS CHARGES	700.00	700.00	0.00	deducted admin charges
3	PHARMACY	9838.00	245.00	9593.00	deducted syringes etc nme
4	ROOM/BOARDING EXPENSES	10000.00	0.00	10000.00	
5	SERVICE CHARGES	2000.00	2000.00	0.00	deducted disinfection charges
6	SPE PROC CHARGES	1500.00	0.00	1500.00	

Total = 30838

Approval = 27893

2945

Advance = 5000

2055 refund.

## Cashless Authorization Letter

(Part-D)



Printed on: 07/10/2024

Date: 07/10/2024

Claim Number: CHE-1024-PA-0000482 (please quote this number for all further correspondence)

Authorization is valid for admission up to 03/10/2024

MEDWAY HOSPITAL	Name of Insurance Company	: TATA AIG GENERAL INSURANCE COMPANY LTD
NO. PC-7 PC-7A BARATHI SAI/	Name of TPA	: Vidal Health Insurance TPA Pvt Ltd
NOLAMUR, MOGAPPALAR WEST	Proposer Name	: ELANGO PACHAI
Tamilnadu, 600037	Patient's MemberID / TPA/Insurer Id of the Patient	: CHE-TA-M1861-001-0000297-C
Rohini Id: 8900080475298	Relation with Proposer	: Child

Dear Sir /Madam,

This has reference to the pre-authorization request submitted on 07/10/2024 02:50 PM, We here by authorize cashless facility as per details mentioned below:

Patient Name	: SANJAY	Age	: 3	Gender	: Male
Policy Number	: 0239739902-01	Expected Date of Admission	: 03/10/2024		
Policy Period	: 15-11-23 TO 14-11-24	Expected Date of Discharge	: 07/10/2024		
Room category	: Semi-Private Shared	Estimated length of stay	: 4 days		
Eligible Room Category as per T&C of Policy Contract	: Semi-Private Shared	Proposed line of treatment	: Medical management		
Provisional Diagnosis	: BRONCHOPNEUMONIA	Insurer Claim Number			

### Authorization Details :

Date and time	Reference number	Amount	Status
07/10/2024 03:50 PM	CHE-1024-PA-0000482	27893	Approved

Total Authorized amount:- Rupees Twenty Seven Thousand Eight Hundred and Ninety Three Only (in words)

### Authorization Remarks:

ATI ENHANCED AS PER THE FINAL BILL AND D/S. PREVIOUS ATI STANDS NULL AND VOID. NON-MEDICAL EXPENSES ARE NOT PAYABLE. SUBJECT TO VERIFICATION DURING CLAIMS. A VALID PHOTO ID OF THE PATIENT IS MANDATORY DURING CLAIMS