



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name

Child.AVANTHIKA
6'Female/MHM202407314
03/10/2024/1PM2024006918

IP No. _____

Dr.S RAASHIDHA

Room No. _____



D.O.A. 03/10/24 Time 11.00pm

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
11/10/24	1AM	ER	3rd floor (306)	Uthayakumar

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

Electrolytes (7/25)

[illegible]



Medi Assist Insurance TPA Pvt. Ltd



XAP125001671

Date :04 Oct 2024

To,

The Administrator / Medical Superintendent,
Medway Hospital,
NO PC7 & PC7A, BLOCK 4,, BHARATHI SALAI, NOLAMBUR, MOGAPPAIR WEST, CHENNAI 600037
Hospital ID : (298588)
Rohini Id : 8900080475298

Dear Partner,

With reference to your request (125001671) for final cashless pre-authorization, we here by authorize INR 8246 against your final bill amount INR 11613. The details of the pre-authorization are as follows:

Patient Details

Patient Name	A.Avanthika
Relation to Primary Beneficiary	Daughter
Age	6
Gender	F
Insurance Company	The Oriental Insurance Co. Ltd.
Medi Assist ID	4061730504
Policy Holder	A O Smith India Water Products Private Limited
IP No.	332204/48/2025/375
Policy No.	24 May 2024 to 23 May 2025
Policy/Plan Period	Ajay Kumar R
Primary Beneficiary	
Insurer Claim No	
Insurer Member ID	

Treatment Details

Provisional Diagnosis	Diarrhoea & gastroenteritis of presumed infectious origin
Expected/Actual Date Of Admission	03 Oct 2024
Treating Doctor	RAASHIDHA
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	04 Oct 2024
Room Category Occupied	Single private room
Length Of Stay	1
Eligible Room Category	Single Ward (Private / Special / Executive Ward)

Total Authorized amount Rs 8246 (Eight Thousand Two Hundred and Forty Six).

Authorization Remarks :

approved

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

Authorization Summary

Total bill amount (INR)	11613
Other Deductions(INR)*	2745
Hospital Discount (INR)	622
Deductibles (INR)	0
Total Authorized Amount(INR)	8246
Amount to be paid by Insured (INR)	2745

Detailed list of deductions have been shared with the claimant

Terms and conditions for authorization:

1. Cashless authorization letter issued on the basis of information provided in pre authorization form. In case of misrepresentation/concealment of facts, any material difference/deviation/ discrepancy in information is observed in discharge summary / IPD records then cashless authorization stands null & void. At any point of claim processing Insurer or TPA reserves the right to raise queries for any other document to ascertain the admissibility of claim.
2. KYC (know your customer) details of proposer/employee/beneficiary are mandatory for claim payout above Rs. 1 lakh.
3. Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except cost 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)
4. Network provider shall not make any recovery from the deposit amount collected from the insured except for the cost 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)
5. 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 policy holder from the network provider and/or take necessary action as provided under the MOU.
6. Where treatment / procedure to be carried out by a Doctor/Surgeon of insured's choice (not empanelled with the Hospital) network provider may give treatment after obtaining specific consent of the policyholder.
7. Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought are not admissible
8. Expenses are excluded/ which are not covered / not payable as per health insurance policy terms and conditions are not admissible
9. Expenses related to medicines/drugs incurred post discharge and Differential cost borne by the policyholder may be reimbursed by Insurer subject to terms and conditions of the policy

The following documents must be submitted in full within 7 days from date of discharge to enable settlement of claim:

1. Original cashless claim form in IRDAI format
2. Government ID proof and Medi Assist ID card of the patient along with KYC form
3. Detailed discharge summary with Main hospital bill along with Break-up of the bill amount being claimed
4. Cash memos from the Hospital's / Chemists supported by proper prescriptions
5. Diagnostic Test Reports, X-ray films, and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests
6. Original sticker for all the implants & high value consumables
7. Surgeon's Certificate stating the nature of operation performed and Surgeon's Bill and Receipt
8. Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge
9. Copy of the receipt for the amount settled by the patient / representative
10. Final hospital bills should be issued in the name of **The Oriental Insurance Co. Ltd.** as a payer for payment of cashless claims. This is a mandatory requirement for claim settlement.
11. Please send cashless documents to the address mentioned in the last page of the letter. (Beneaths on file)

Note: As per Modified Guidelines on Standards and Benchmarks for Hospitals in the Provider Network issued by IRDAI vide Circular Ref: IRDA/HLT/REG/GDL/114/07/2018 dated 27th July 2018, your Hospital is mandatorily required to Register with ROHINI and obtain either Pre-entry level Certificate (or higher level of certificate) issued by NABH or State Level Certificate (or higher level of certificate) under NOAS, issued by National Health Systems Resources Centre (NHSRC) on or before July 26, 2019.

QUICK LINKS:

For partner hospital

View this claim on [IHX](#). Not on IHX yet? [Sign Up](#) now.

Warm Regards,

Medi Assist Insurance TPA Pvt. Ltd
CIN: U85199KA1999PTC025676,
Cashless Processing Centre
#58/1A, Singhasandra,
Hosur Main Road,
Begur Post,
Bangalore PIN - 560058,
Helpline: 0120-6937324

Disclaimer: The TPA extends the cashless facility subject to the standard terms & conditions of the policy and the information provided in the cashless request form. We suggest that the patient continues with the treatment as advised by the treating doctor, irrespective of the pre-authorization/cashless facility.

App



Connect

THIS IS A SYSTEM GENERATED CORRESPONDENCE. PLEASE DO NOT REPLY TO THIS EMAIL

© 2018 Medi Assist