



# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name

Mr. BAPURAO K MANGULKAR

81/Male/MHM202407329

04/10/2024/IPM2024000921

IP No.

Dr. VAISHNAVI GANESAN

Room No.



D.O.A. 04/10/24 Time 6:30 PM

Rent Per Day

1000/-

## TRANSFER DETAILS

| Date    | Time     | From       | To              | Sister Signature |
|---------|----------|------------|-----------------|------------------|
| 4/10/24 | 7:45 PM  | ER         | 3rd floor (20F) | S/N Rechal       |
| 6/10/24 | 6:15 PM  | 3rd floor  | OT              | Somalia 3        |
| 6/10/24 | 8:15 PM  | OT         | 11th floor      | Yash 3242        |
| 7/10/24 | 4:20 PM  | 11th floor | OT              | Yash 3242        |
| 7/10/24 | 7:00 PM  | OT         | ICU             | Yash 3242        |
| 7/10/24 | 10:30 PM | ICU        | 3rd floor 307   | R. Monaram 32    |

## OPERATION THEATRE

|                          |                                |
|--------------------------|--------------------------------|
| OT No.                   | : P                            |
| Start Time               | : 6:30 PM                      |
| End Time                 | : 7:30 PM                      |
| Dis. Pack                | : ERCP accessories 16,000, Mr. |
| Diathermy                | : used                         |
| C-Arm                    | : used                         |
| Arthroscopy              | : ERCP scope used (main)       |
| Laproscope               | : Endoscopy unit used          |
| Sevoflurane / Isoflurane | :                              |
| Inj. Fentanyl            | : 2ml used                     |
| Others                   | : Paj - Ketamine 2ml use       |

## MONITOR

| Date    | Start | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|-------|---------|------------|------|-------|------|------------|
| 7/10/24 | 7 PM  | 7/10/24 | 10 PM      |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |

## INFUSION PUMP

## OXYGEN

| Date    | Start | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|-------|---------|------------|------|-------|------|------------|
| 7/10/24 | 7 PM  | 7/10/24 | 10 PM      |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |

## SYRINGE PUMP

## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## VENTILATOR



| OPERATION THEATRE |  |                          |   |
|-------------------|--|--------------------------|---|
| Date              | : 07/10/24   | OT. No.                  | : T   |
| Surgeon           | : Dr. Aravind  | Start Time               | : 4:00 pm                                   |
| I Asst. Surgeon   | :  | End Time                 | : 7:00 pm                                   |
| II Asst. Surgeon  | :  | Dis. Pack                | :   |
| III Asst. Surgeon | :  | Diathermy                | : used                                      |
| Anaesthetist      | : Dr. Senthil Kumar.   | G-Arm                    | : (O <sub>2</sub> ) used                    |
| OT Nurse          | : S/N Vasantha, Sangavi  | Arthroscopy              | :   |
| Name of Surgery   | : Lap. cholecystectomy   | Laproscoy                | : unit                                      |
|                   | under general  | Sevoflurane / Isoflurane | :   |
|                   | anaesthetic.   | Inj. Fentanyl            | : 2 ml: used                                |
|                   |  | Others                   | : Harmonic arranged by Dr. Aravind, outside |
| Date              | LABORATORY   |                          |   |
| 4/10/24           | CBC, CRP, RFT, LFT, HbA1c, Blood U/S urine P/R (7149)                            |                          |   |
| 5/10/24           | Serology Elisa (HW, HLU, HBsAg), Anti HAV IgM, Anti HEV IgM (7160)               |                          |   |
| 6/10/24           | CBC, RFT, LFT, PTXENR (7205)   |                          |   |
| 7/10/24           | urine U/S (7244)   |                          |   |
| 7/10/24           | GALL BLADDER SPECIMEN SEND TO MAIN MEDICAL WARD HOSPITAL [HPE] (7250) Hpa (7263) |                          |   |
| 8/10/24           | CBC, RFT, LFT (7262) CRP (7263)  |                          |   |
| 8/10/24           | Blood grouping typing (7270)   |                          |   |
| 9/10/24           | CBC, RFT, LFT, lipid profile (7292)  |                          |   |

OT. No. : P

Start Time : 4:00 PM

End Time : 7:00 pm

Dis. Pack

Diathermy → used

G-Arm  $CO_2 \rightarrow$  used

### Arthroscopy

Laproscopy  $\rightarrow$  <sup>unit</sup> ~~wood~~

Sevoflurane / Isoflurane

Inj. Fentanyl  $\rightarrow$  2 ml: used

Others ← Harmonic arranged by  
Dr. Aravind Sir, Outside

## LABORATORY

4/10/24 CBC, CRP, ERT, CPT, HbA1c, Blood U/S urine P/R  
(7/49)

5/10/24 Serology Elisa (Hw, Hw, HbsAg), Anti HAV IgG, Anti HEV IgG (7160)

6/10/04 CBC, RFT, LFT, PT, PNR (7205)

Flora mine CS (F244)

7/10/24 GALL BLADDER SPECIMEN SEND TO  
MAIN MEDWAY HOSPITAL (HPE) (250)

8/10/24 C/C, RPT, LAT (7262) CRP (7263)

|         |                              |
|---------|------------------------------|
| 8/10/24 | Blood grouping typing (7270) |
|---------|------------------------------|

9/10/24 CBC, RFT, LFT, lipid profile (7292)



[illegible]

[illegible]



**PARAMOUNT HEALTH SERVICE & INSURANCE TPA PRIVATE LIMITED****(IRDA License No.006) Validity: From 21-03-2023 to 20-03-2026**

Plot No.A-442,Road No-28,M.I.D.C Industrial Area,Wagale Estate,Ram Nagar, Vitthal Rukhumani Mandir, Thane-400604 Tel-(022)-66620808, Fax No-68342754, E-mail contact.phs@paramounttpa.com.

Branch Code : 022

**Cashless Authorization Letter  
(Part-I)**Claim Number: **7029341** (Please quote this number for all further correspondence)

Date: 09/10/2024 11:11:08 PM

Authorization is valid for admission up to 19/10/2024.

|   |   |
|---|---|
| MEDWAY HOSPITALS<br>Pe7, Pe7a, Block No-4, Bharathi Salai Mogappair West<br>Nolambur, Chennai, Tamil Nadu-600037<br>Rohini Id : 8900080475298 | Name of Insurance Company : The New India Assurance Company Ltd.  |
|   | Name of TPA : Paramount Health Services & Insurance TPA Pvt. Ltd. |
|   | Proposer Name : SHIREYAS B MANGULKAR                              |
|   | Patient's Member : BAPURAO K MANGULKAR                            |
|   | ID/TPA/Insurer ID of the Patient : 26606709                       |
|   | Relation With Proposer : Father                                   |
|   | Corporate Name: GMMCO LTD   |

Dear Sir /Madam,

This has reference to the last documents received for pre-authorization request on 09/10/2024 10:45:36 PM. We hereby authorize cashless facility as per details mentioned below:

|   |   |               |
|---|---|---------------|
| Patient Name : BAPURAO K MANGULKAR                                    | Age : 80                                | Gender : MALE |
| Policy Number : 970000/34/23/04/00000208                              | Expected Date of Admission : 04/10/2024 |               |
| Policy Period : 20/12/2023-18/12/2024                                 | Expected Date of Discharge : 09/10/2024 |               |
| Room category : Room 3000/-<br>Category as per T&C of Policy Contract | Estimated Length Of Stay:5              |               |
| Provisional Diagnosis :   | Proposed line of treatment :            |               |

**Claim Remarks:****Authorization Details :-**

| Claim No | Policy No                | Date & Time      | Reference number | Amount | Status     | TAT    |
|----------|--------------------------|------------------|------------------|--------|------------|--------|
| 7029341  | 970000/34/23/04/00000208 | 09/10/2024 11:11 | 5522804          | 70976  | Authorized | 0 : 25 |

Total Authorized amount:- Rs 70976 (SEVENTY THOUSAND NINE HUNDRED AND SEVENTY SIX)

Authorization Remarks: This is top claim .....This claim pertain to ccn no.7022930/- ( already given in base policy rs.220000/-) total approval from base policy rs.220000+70976 from top up policy ..total rs.290976/-

**Hospital Agreed Tariff:****I Package Case:**

Agreed Package Rate : NA

**II Non-package Case:**

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

Total = 346954.

Approval = 290976

55978

Hospital Discount = 19801

36177

Advance = 107153

70976 -&gt; refund

**Authorization Summary:**

|                              |         |
|------------------------------|---------|
| Total Bill Amount            | : 70976 |
| *Other Deductions            | : 0     |
| Discount                     | : 0     |
| Co-Pay                       | : 0     |
| Deductibles                  | : 0     |
| Total Authorised Amount      | : 70976 |
| Amount to be paid by insured | : 0     |

\*Other Deduction Details :

| Sr.no | Description               | Bill Amount | Deducted Amount | Admissible Amount | Deduction Reason  |
|-------|---------------------------|-------------|-----------------|-------------------|---|
| 1     | Professional fees charges | 70976       | 0               | 70976             | This is top claim .....This claim pertain to cen no.7022930/- ( already given policy rs.220000/-) |

Terms and Conditions of Authorization:

1. Cashless Authorization letter issued on the basis of information provided in Pre- Authorization form. In case misrepresentation/concealment of the facts, any difference/ deviation/ discrepancy in information is observed in discharge summary/ IPD records then cashless authorization shall stand null & void. At any claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain 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 costs towards non-admissible amount (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 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)
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 policyholder from the Network Provider and/or take necessary action, as provided under MoU.
6. Where a treatment/procedure is 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 policyholder.
7. 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!**

1. Detailed Discharge Summary and all Bills from the hospital.
2. Cash Memos from the Hospitals /Chemists supported by proper prescription.
3. 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.
4. Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
5. Certificates from attending Medical Practitioner/ Surgeon giving patient's condition and advice on discharge.
6. Please submit member paid receipt copy of the difference in AL amount and Hospital bill (excluding TPA discount) at the time of claim submission.
7. Invoice of implants.
8. Radiology Films.

Name of the Product - GROUP FLEXI MEDICLAIM-FLOATER and UIN No - POB0761487 Important Policy terms & conditions (sub-limits/co-pay/deductible etc)

Please note that the amount authorized is provisional and is subject to change based on the final bill and discharge summary and deduction of TDS as applicable.

**IMPORTANT POINT FOR CASHLESS PAYMENT:**

1. Final Bill & Discharge summary is mandatory for validation of authorized amount. In the absence of discharge intimation or final authorization all previous AL will stand null & void.
2. Insurer reserve the right to demand invoice and /or sticker of high value implant & consumables or medicine at the time of settlement. Non submission may lead to denial of entire claim or deduction of such amount during final settlement or possible recovery of such amount due to non-submission of invoice.
3. Radiology films and all original investigation report to be submitted in the claim file to avoid payment delay or recovery of such amount paid erroneously on account of non-submission.
4. Hospital is requested to submit the claim file within 2 days from patient discharge date for hassle free payment.

This is a system generated letter hence signature is not required.