INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mr.SOMAN PILLAI
70/Male/MHM202407374
06/10/2024/IPM2024000929
Dr.VAISHNAVI GANESAN

IP No. _____

Room No. _____

D.O.A. 6/10/24 Time 9:30 PM

Rent Per Day 7600/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
06/10/24	11.35pm	ER	ICU	PMohana 22490
10/10/24	10.30 PM	OT	IW	Shyji 3169
12/10/24	5.40pm	IW	3rd floor (308)	SIR 3188

OPERATION THEATRE

DT STENTING LARGE - 1,15T-1

Date : 10/10/24
Surgeon : DR. KARTHIKEYAN
I Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist : DR. SENTHIL KUMAR.
OT Nurse : JAISON.
Name of Surgery: PT URL + CYSTOSCOPY
PT DJ STENTING.
& LHA.

OT No. : OT - I
Start Time : 10.00 PM
End Time : 10.30 PM.
Dis. Pack :
Diathermy :
C-Arm :
Arthroscopy :
Laproscopy : LIGHT SOURCE & CAMERA USED
Sevoflurane / Isoflurane :
Inj. Fentanyl : USED 2ML
Others :

20240920242553530050 26

MONITOR

Date	Start	Date	Disconnect
06/10/24	11.35pm	12/10/24	5.40pm

OXYGEN

Date	Start	Date	Disconnect
06/10/24	11.35pm	09/10/24	11.40am
10/10/24	10.30pm	11/10/24.	4AM.

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconne

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

Date	
6/10/24	ABG ECG (7218) Urine RE (7219) Peripheral Blood [illegible] (72 PCT (7220)
7/10/24	CBC, RFT, LFT CRP (7225) peripheral smear (72 TFT (7233) ABG ECG (7237) Dengue profile (ELISA) IgG, IgM, NS1 Blood grouping typing (7235) ABG (ECG) (7248)
8/10/24	CBC, RFT, LFT PT INR (7260) Serology elisa (7264 ABG (ECG) (7269)
9/10/24	BT, CT (~~manual~~) platlet count, ~~PT~~, APTT, fibrinogen, CBC, RFT, LFT (~~7302~~) PT (7301) ABG ECG (7319) 4pm platelet (7320)
10/10/24	platelet (7361), platlet (7089)
	platelet (7429)
12/10/24	TC, urea, creat, platelets (7452)
	platelet (7470)
14/10/24	CBC (7506)
15/10/24	TC (platelet) RFT (75451)

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

6/10/24	ECG (7218)		
6/10/24	CXR B/S (7218)		
07/10/24	(RT) foot Ap / Lat / Oblique (7224)		
8/10/24	Echo B/S (7265)	Done by	Dr. Selai sudha

CBG

06/10/24	(1) (7218)		
7/10/24	1 (7238) + 1 (7241) + (1) (7251)		
8/10/24	2 (7218)		
9/10/24	1 (7306) + 1 (7319)		
10/10/24	2 (7344) + (1) (7377) + (1) (7390)		
11/10/24	3 (7457)		
12/10/24	2 (7459) 1 + (7471)		
13/10/24	1 + (7471) 2 + (7514)		
14/10/24	1 + (7511) + 1 (7545)		
15/10/24	1 (7545) + 1 (7554)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Aravind	7/10	7/10/24					
Dr. vaishnavi	7/10/24	8/10/24	9/10/24				
DR. VEENA (NEPHRO)	7/10						
Dr. Karthikeyan (urologist)	7/10/24	9/10/24					
Dr. Jalaisudhan (cardiologist)	8/10/24						
DR. Suresh (ID)	11/10/24						
DR. Arul (ICU)	13/10/24	14/10/24	15/10/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Sale: Rs. 115859/- BILL CLEARED : [Ins (credit)] RETURNS CHECKED : Time: 9.55 pm. 16/10/24	Ambulance Pick up from vijay hospital to medway. -

Other Procedures : (specify) :-

Died -

06/10/24 CBD done by Dr ER. Endoscopy -

07/10/24 1 unit SDP chennai Blood bank

08/10/24 FFP 2 unit medway Blood bank

08/10/24 SDP 2 Unit Chennai blood bank.

09/10/24 SDP 2 Unit Chennai blood bank.

CLEARANCE GIVEN FOR DJ STENTING

10/10/24 SDP 1 unit Chennai blood bank.

1. CATHETERIZATION PROCEDURE DONE OT AT 10.20 PM ON 10/10/24.

Admission Officer:

For Sister In-charge

Cashless Authorization Letter (40236217)
(Please quote this reference number in all future correspondence)

E-card | Claims | Plan hospitalization | Hospitals

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP40236217

Date :15 Oct 2024

To,

The Administrator / Medical Superintendent,
Medway Hospital,
NO PC7 & PC7A, BLOCK: 4,, BHARATHI SALAI, NOLAMBUR, MOGAPPAIR WEST, CHENNAI 600037
Hospital ID: [298583]
Rohini Id: 8900080175298

Dear Partner,

With reference to your request (40236217) for final cashless pre-authorization, we here by authorize INR 78187 against your final bill amount INR 469887. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Soman Pillai S
Relation to Primary Beneficiary	Father
Age	70
Gender	M
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	5098183051
Policy Holder	IDFC FIRST Bank Limited
IP No.	
Policy No.	92000034240400000087_Topup
Policy/Plan Period	30 Jun 2024 to 29 Jun 2025
Primary Beneficiary	Bindhu S S
Insurer Claim No	TP00392000024901970888
Insurer Member ID	MEMBER41927

Treatment Details

Provisional Diagnosis	Urinary tract infection, site not specified
Expected/Actual Date Of Admission	06 Oct 2024
Treating Doctor	VAISHNAVI GANESAN
Procedure / Treatment Planned	Ureteroscopy-Examination procedures on ureter (URS)
Estimated/Actual Date of Discharge	15 Oct 2024
Room Category Occupied	Single private room
Length Of Stay	9
Eligible Room Category	Single Ward (Private / Special / Executive Ward)

Total Authorized amount Rs 78187 (Seventy Eight Thousand One Hundred and Eighty Seven).

Authorization Remarks :

THIS IS CONTINUATION POLICY FOR BASE AMOUNT OF RS 350000/-

Authorization Summary

Total bill amount (INR)	469887
Other Deductions(INR)*	15567
Paid by the Patient (INR)	350001
Policy Excess / Deductible (INR)	350001
Hospital Discount (INR)	26132
Deductibles (INR)	0
Total Authorized Amount(INR)	78187

TOTAL BILL = 469887
APPROVED 428188
41699
DISCOUNT 26132
15567
HOSPITAL DISCOUNT 10000
5567
ADVANCE 10000
4433

Base and Top up authorisation summary

Base Policy (Cashless - 40105912)	350000
Top up Policy (Cashless - 40236217)	78187
Total Authorized	428187
Base Policy Discount	0
Total Payable By Insured	15568

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 Hospitals / 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 New India Assurance Co. Ltd** as a payor 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. (Beneath signature)

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 NQAS, 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
[illegible]
[illegible]
[illegible]
Phone: 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 f

Cashless Authorization Letter (40105912)
(Please quote this reference number in all future correspondence)

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP40105912

Date :15 Oct 2024

To,

The Administrator / Medical Superintendent,
Medway Hospital,
NO PC7 & PC7A, BLOCK 4,, BHARATHI SALAI, NOLAMBUR, MOGAPPAIR WEST, CHENNAI 600037
Hospital ID: (296883)
Rohini Id: 8900080475208

Dear Partner,

With reference to your request (40105912) for final cashless pre-authorization, we here by authorize INR 350000 against your final bill amount INR 469887. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Soman Pillai S
Relation to Primary Beneficiary	Father
Age	70
Gender	M
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	5098183051
Policy Holder	IDFC FIRST Bank Limited
IP No	
Policy No	92000034240400000086
Policy/Plan Period	30 Jun 2024 to 29 Jun 2025
Primary Beneficiary	Bindhu S S
Insurer Claim No	TP00392000024901891942
Insurer Member ID	MEMBER57451

Treatment Details

Provisional Diagnosis	Urinary tract infection, site not specified
Expected/Actual Date Of Admission	06 Oct 2024
Treating Doctor	VAISHNAVI GANESAN
Procedure / Treatment Planned	Ureteroscopy-Examination procedures on ureter (UES)
Estimated Actual Date of Discharge	15 Oct 2024
Room Category Occupied	Single private room
Length Of Stay	9
Eligible Room Category	Single Ward (Private / Special / Executive Ward)

Total Authorized amount Rs 350000 (Three Lakh Fifty Thousand).

Authorization Remarks :

AL

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)	469887
Other Deductions(INR)*	15567
Policy Excess / Deductible (INR)	78187
Paid by the Patient (INR)	78187
Hospital Discount (INR)	26133
Deductibles (INR)	0

Total Authorized Amount(INR) 350000

Amount to be paid by Insured (INR) 93751

Detailed list of deductions have been shared with the claimant

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