Mrs.ALAMELU MANGAI V
47/Female/MHM202407383
07/10/2024/IPM2024000932
Dr.HAVEENA

INSURANCE

ILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Alamelu Mangai V D.O.A. 07.10.24 Time 10.15am

IP No. IPM2024000932

Room No. 114 Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
7/10/24	12 pm	ER	1st Floor (114)	[signature] 31 08
7/10/24	6:30pm	1st Floor 114	OT	Dhanalakshmi 3050
7/10/24	9:45PM	OT	PW	[signature]
7/10/24	10.45pm	ICU	1st floor 114	[signature] 2240

OPERATION THEATRE

Date	: 7/10/24	OT No.	: OT - I
Surgeon	: DR. HAVEENA	Start Time	: 7.00 PM
I Asst. Surgeon	:	End Time	: 9.00 PM.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SENTHIL KUMAR	C-Arm	:
OT Nurse	: VASANTHA / JANAKI	Arthroscopy	:
Name of Surgery	: TOTAL LAPROSCOPIC HYSTERECTOMY.	Laproscopy	: LAP UNIT USED - CO2 USED HEPA WAY.
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2 ML USED.
		Others	:

MONITOR

Date	Start	Date	Disconnect
7/10/24	9.45PM	7/10/24	10.45PM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
7/10/24	9.45PM	7/10/24	10.45PM

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
7/10/24	UTERUS T (CERVIX SPECIMEN SEND TO MAIN MEDWAY HOSPITAL [HPE] 3 (7253)
7/10/24	VIRAL SEROLOGY (CARD) (7240)

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

CBG

	7/10/24 CBG-A (0958)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. HAVEENA	4/10/24	8/10/24					
DR. BALAMURUGAN	9/10/24	10/10/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill amount = 1856/-	
BILL CLEARED : 10/10/2024	
RETURNS CHECKED :	

Other Procedures : (specify) :-

TLH + BSO

Clear on OL Hemorrhoids fissurectomy

1. CATHETERIZATION PROCEDURE DONE OT ON 7/10/24

Admission Officer : 30/57

Sister In-charge

Raksha

XAP125067461

Date :10 Oct 2024

To,

The Administrator / Medical Superintendent,
Medavo Hospital,
NO.PGZ & PGZA, BLOCK 4, BHARATHI SALAI, NOLAMBUR, MOGAPPAIR WEST, CHENNAI 600037
Hospital ID: (296683)
Rohini Id: 8900680475298

Dear Partner,

With reference to your request (125067461) for final cashless pre-authorization, we here by authorize INR 84250 against your final bill amount INR 84250. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Alamelu Mangai
Relation to Primary Beneficiary	Spouse
Age	47
Gender	F
Insurance Company	National Insurance Co. Ltd.
Member ID	/4052333925
Policy Holder	Iba Account - Canara Bank - Employees
IP No	
Policy No	251100502410000131_IBA
Policy Period	01 Oct 2024 to 31 Oct 2024
Primary Beneficiary	V Ravi
Primary Beneficiary Employee ID	64084
Insurer Claim No	
Insurer Member ID	

Treatment Details

Provisional Diagnosis	Leiomyoma of uterus, unspecified
Expected Date Of Admission	07 Oct 2024
Treating Doctor	HAVEENA
Procedure / Treatment Planned	Abdominal hysterectomy
Estimated Date of Discharge	10 Oct 2024
Room Category Occupied	Single private room
Length Of Stay	3
Eligible Room Category	

Authorization Details

#	Status	Received Date	Cumulative Amount	Cumulative Authorized
1	Pre-Auth Processed	07 Oct 2024 14:10	120000	42000
2	Pre-Auth Processed	10 Oct 2024 15:10	84250	84250

Total Authorized amount Rs 84250 (Eighty Four Thousand Two Hundred and Fifty).

Authorization Remarks :

final

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.

Hospital Agreed Tariff :

I. Package Case

Agreed Package Rate 84250 (2 Package(s) Applied)

Package charges exclude cost towards implants/co-morbidity/extended stay

II. Non Package Case

Room Type	Room Rent	Nursing
NA	NA	NA

Consultation Visit Charges/ Surgeon's fee/ OT/ Anaesthetist : As per customary and reasonable charges

Authorization Summary

Total bill amount (INR)	84250
Other Deductions(INR)*	0
Deductibles (INR)	0
Total Authorized Amount(INR)	84250
Amount to be paid by Insured (INR)	0

*Deduction Details

S.no	Description	Bill Amount (INR)	Deducted Amount (INR)	Admissible Amount (INR)	Deduction Reason
			No Non-Medical Expences		

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 stand null & void. At any point of claim processing Insurer or TPA reserves 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. Differential cost borne by the policyholder may be reimbursed by Insurer subject to 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 prescriptions
3. Diagnostic Test Reports and Receipts 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 send cashless documents to address mentioned in last page of letter. (Beneath signature)
7. Final hospital bills should be issued in the name of National Insurance Co. Ltd. as a payer for payment of cashless claims. This is a mandatory requirement for claim settlement.

Cashless Checklist

1. Photo ID Card
2. Address Proof
3. Discharge Summary (Mandatory)
4. Final Bill (Mandatory)

Also note that

- The following expenses will not be payable:
  - Expenses on investigations / diagnostic tests,-etc. which are not related to the condition for which admission is sought
  - Expenses related to medicines/drugs incurred post discharge
  - Expenses not covered / not payable as per health insurance policy terms and conditions
- The following documents must be submitted in full within 7 days from date of discharge to enable settlement of claim:
  - Settlement of claim, failing which Authorization(s) issued for this hospitalization would be treated as void
  - Original cashless claim form in IRDAI format
  - Original bill in IRDAI format, duly signed by the patient / representative
  - Original discharge summary in IRDAI format, duly signed by the patient / representative
  - Break-up of the bill amount being claimed, including pharmacy, investigations, etc.
  - All original investigation reports and X ray films etc
  - Original letter/s of clarification provided during the authorization
  - Original sticker for all the implants & high value consumables
  - Attested copy of the receipt for the amount settled by the patient / representative.
  - Attested copy of the OT notes for surgical cases
  - Self-attested copy of photo id card of the patient is mandatory; any one of these documents will be accepted - (a) Driving Licence (b) PAN Card (c)Voter ID Card (d) School/College Id card for students (e) Passport (f) ID card issued by present employer
  - If the bill amount exceeds INR 1 lakh, it is mandatory to collect the address proof of the Primary Beneficiary; any of these documents will be accepted - (a)Driving Licence (b) Passport (c) Voter ID Card (d) Aadhar Card