BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. P. Francis D.O.A. 15/10/24 Time 2.30pm

IP No. IP 2024001325

Room No. 202 Rent Per Day 2000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
15/10/24	2.30pm	ER	IInd Floor	

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	:

Date	LABORATORY
15/10/24	CBC, RBS, RFT, Sr. Electrolytes, FT3, FT4, TSH. PS, Blood (?), LFT (CTP [illegible])
16/10/24	Hb (3109)
16/10/24	Anti TPO (3116)
17/10/24	Fasting Lipid Profile (13134)
17/10/24	HbA1C - 13148 Serology (3154), FBS

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

15/10/24 ECG - 1 (Rp raised)
Chest xray - 1 Rp raised.
2D Echo - Rp raised.

16/10/24 PA shifted to Dr. Kalirajan Slan Patient Paid Hospital Ambulance.

CBG

15/10/24 (1) Rp raised

16/10/24
8am - (1) (309G)
10:30pm - (1) (13134)
(3)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

15/10/24
4pm (1)
16/10/24.
10am (2)
(3)

NEBULIZER

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jameena	15/10/24	16/10/24	17/10/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Total - 2185	
RETURNS CHECKED : due - 2185	

Other Procedures : (specify) :-

15/10/24 - 1 unit of PRBC transfused

17/10/24

Admission Officer : S.M

Sister In-charge

Cashless Authorization Letter (125261454)
(Please quote this reference number in all future correspondence)

E-card | Claims | Plan hospitalzation | Hospitals

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP125261454

Date :17 Oct 2024

To,

The Administrator / Medical Superintendent,
Medway Hospitals,Kumbakonam,
142-B,SHRI BALASUBRAMANIAN NAGAR,PILLAIYAMPETTAI,AMMACHATHIRAM,THIRUVIDAIMARUTHUR(T.K),KUMBAKONAM.,
Hospital ID: (197508)
Rohini Id: 8900080363342

Subject: Cashless request for patient name Francis 4062143243

Reference number: 125261454

Dear Partner,

The claim has been scrutinized Under the purview of the policy T & C and status updated for further action.

Description	Amount
Claim Amount	40116
Approved Amount	15714

Please visit the online portal from where this claim had been submitted

Warm Regards,

Medi Assist Insurance TPA Pvt. Ltd
CIN: U85199KA1999PTC025676.
Cashless Processing Centre
#58/1A, Singhasandra.
Hosur Main Road,
Begur Post.
Bangalore. PIN - 560068.
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.*

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