REQUEST FOR CASHLESS HOSPITALISATION FOR HEALTH INSURANCE POLICY

SBI General

(TO BE FILLED IN BLOCK LETTERS)

DETAILS OF THE THIRD PARTY ADMINISTRATOR/ INSURER/ HOSPITAL:

a. Name of TPA/Insurance company: **PARAMOUNT HEALTH SERVICES & INSURANCE TPA PVT.LTD.**
(IRDA LICENCE No .006)

Cashless Request E-mail Id : al.request@paramounttpa.com

b. Toll free phone number : 1800-22-66 55

c. Toll free fax: 022- 66444754 / 66444755 / 66444709

d. Name of Hospital:

i. Address: MEDWAY HOSPITALS No. 2, ~~Old No. 26~~, 1st Main Road, United India Colony, Kodambakkam, Chen...

ii. Rohini ID:

iii. E-mail ID:

TO BE FILLED BY INSURED/PATIENT

A. Name of the Patient: Akash roy

B. Gender: [✓] Male [ ] Female [ ] Third Gender

C. Age: 18 Years Months

D: Date of Birth: 15/03/2005 DD/MM/YYYY

E. Contact number: 8610023453

F. Contact number of attending Relative: —

G. Insured Card ID number: SBI469892006

H. Policy number/Name of Corporate: —

I. Employee ID:

J. Currently do you have any other mediclaim / health insurance: [ ] Yes [✓] No

i. Company Name: —

ii. Give Details:

K. Do you have a family Physician: [ ] Yes [✓] No

L. Name of the Family Physician: —

M. Contact number , if any:

N. Current Address of Insured Patient:

O. Occupation of Insured Patient:

(PLEASE COMPLETE DECLARATION OF THIS FORM)

TO BE FILLED BY TREATING DOCTOR / HOSPITAL

A: Name of the treating Doctor: Dr. Lakshan Raj

B. Contact Number:

C: Nature of Illness / Disease with presenting complaint: c/o fever TL ×5days

D: Relevant Critical Findings: c/o, Generalised weakness. c/o, nausea (+)

E: Duration of the present ailment: 5 Days

i. Date of First consultation: 17/01/24. DD/MM/YYYY

ii. Past history of present ailment, if any

F: Provisional diagnosis: ? Enteric fever

i. ICD 10 code -

G: Proposed line of treatment:

i. Medical Management ( )
ii. Surgical Management ( )
iii. Intensive care ( )
iv. Investigation ( )
v. Non-allopathic treatment ( )

H: If investigation and / or Medical Management, provide details Antibiotics

i. Route of Drug Administration IV/oral

I: If surgical, name of surgery Nil -

i. ICD 10 PCS code Nil

J: If other treatment, provide details

K: How did injury occur

L: In case of accident NA

i. Is it RTA: ( ) Yes ( ) No

ii. Date of Injury (DD/MM/YYYY)

iii. Report to Police ( ) Yes ( ) No

iv. FIR NO.

v. Injury / Disease caused due to substance abuse/alcohol consumption ( ) Yes ( ) No

vi. Test conducted to establish this (if yes, attach report) ( ) Yes ( ) No

M: In case of Matemity ( ) G ( ) P ( ) L ( ) A NA

i. Expected date of Delivery (DD/MM/YYYY)

DETAILS OF PATIENT ADMITTED

A. Date of admission 17/01/24..

B. Time of admission (HH:MM)

C. Is this an emergency / planned hospitalization event: Emergency [✓] Planned [ ]

D. Mandatory Past History of any chronic illness — If yes (Since month/year)

i. Diabetes

ii. Heart disease

iii. Hypertension

iv. Hyperlipidemias

v. Osteoarthritis — No

vi. Asthma / COPD / Bronchitis

vii Cancer

viii. Alcohol / Drug abuse

ix. Any HIV/ or STD Related ailment

x. Any other ailment, give details

E. Expected number of Days /stay in hospital 4-5 Days

F. Days in ICU _____ Days

G. Room Type Single AC

H. Per day room rent + nursing and service charges + patients diet

I. Expected cost of investigation + diagnostic

J. ICU charges

K. OT charges

L. Professional fees Surgeon + Anesthetist Fees + Consultation Charges

M. Medicines + Consumables + Cost of Implants (if applicable please specify)

N. Other hospital expenses if any

O. All - inclusive package charges if any applicable

P. Sum Total expected cost of hospitalization ₹ 70,000/-

DECLARATION
(Please read very carefully)

We confirm having read understood and agreed to the Declarations of this form

a. Name of the treating doctor: N. Lakshmi raj

b. Qualification:

c. Registration number with State code:

MEDWAY HOSPITALS
No. 2, Cid No. 26, 1st Main Road,
United India Colony,
Kodambakkam, Chennai 600 024

Hospital Seal
(Must include Hospital ID)

Patient/Insured Name and Sign

SBI general

SURAKSHA AUR BHAROSA DONO

Product Name	Arogya Plus Policy
TPA Name	SBI General Insurance
Policy Number	0000000036872800
Name	AKASH RAJ
Member ID	SBIG69892006
Start Date	15/12/2023
Relation	Son
Gender	M
Age	18

Toll Free Customer Helpline No. of SBI General Insurance: 1800 210 1806 / 1800 210 6366

Email: sbig.health@sbigeneral.in Visit us: www.sbigeneral.in

SBI general

SURAKSHA AUR BHAROSA DONO

SBI General Insurance
9th Floor, Westport, Pan Card Club Road, Baner,
Pune, Maharashtra – 411 045
24 Hours Helpline: 1800 210 1806 / 1800 210 6366

This card identifies you as a SBI General beneficiary and valid for cashless hospitalisation at SBI General Insurance network hospitals subject to your policy terms and valid authorization letter from SBI General Insurance. Presentation of a valid photo identity along with this card is mandatory to avail cashless access at SBI General Insurance Network Hospitals. Insured needs to pay for non-medical hospitalisation bills, amount in excess of limit specified in authorisation letter and conditions not covered in the policy. In case of any concerns/ clarifications related to policy and service, please do not hesitate to get in touch with your insurer i.e. SBI General at sbig.health@sbigeneral.in or call Customer Care Toll Free Numbers 1800 210 1806 / 1800 210 6366

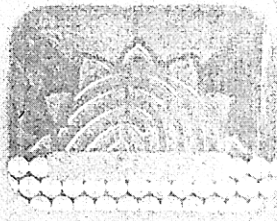
भारत सरकार
Government of India

आधार

Issue Date : 24/03/2014

ஆகாஷ் ராஜ் சு
Aakash Raj S
பிறந்த நாள் / DOB : 15/03/2005
ஆண் / Male

3401 4395 5118



आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

3401 4395 5118

मेरा आधार, मेरी पहचान

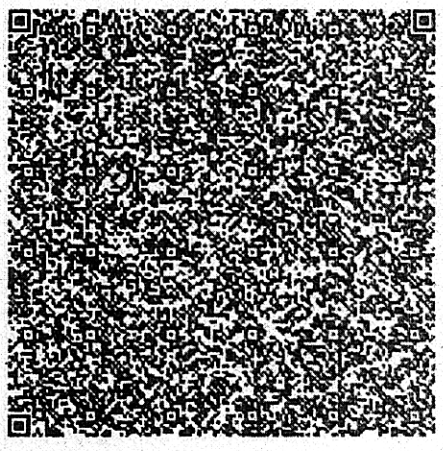
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

முகவரி: S/O: சுரேஷ் ரெ, 22/13, ராஜா வீதி அண்ணா நெடும்பாதை, சூளைமேடு, சென்னை, தமிழ் நாடு, 600094

Print Date : 29/05/2023

Address: S/O: Suresh R, 22/13, RAJA VEETHI ANNA NEDUMPATHAI, Choolaimedu, Chennai, Tamil Nadu, 600094



3401 4395 5118

1947 help@uidai.gov.in www.uidai.gov.in


भारत सरकार
Government of India
Priyadharshini S
DOB: 14/08/1985
Female
2649 6762 0236
मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India
AADHAAR
முகவரி: W/O: சுரேஷ் ரெ, 22/13, ராஜா
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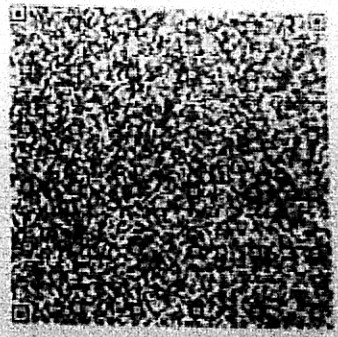
600094
Address: W/O: Suresh R, 22/13, RAJA
VEETHI ANNA NEDUMPATHAI,
Choolaimedu, Chennai, Tamil Nadu,
600094
2649 6762 0236
1947
help@uidai.gov.in
www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BQOPP9804J



नाम / Name
S PRIYADHARSHINI

पिता का नाम / Father's Name
JOGA NAGESHWARA RAO

जन्म की तारीख /
Date of Birth
04/06/1985

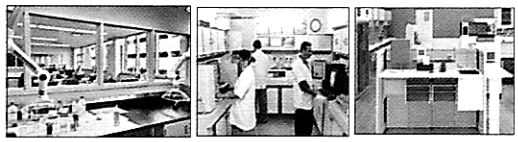
S. Priyadharshini

हस्ताक्षर / Signature

28102018

SRI DURGAI AMMAN
Laboratory

N. No. 241/ (O)202/ 1B, Periyar Pathai,
Anna Nedumpathai Junction,
Choolaimedu, Chennai - 600 094.
Phone : 4286603
Mobile : 94442 62375 / 81449 62023
Email : madanagopal1954@gmail.com



REF.NO : 22 / 2024

DATED : 16.01.2024

PT. NAME : Mr. Aakash.,

AGE / SEX: 18 Y / M.

REF. BY DR : Self.

INVESTICATION / METHOD	Results	Units	BIOLOGICAL REFERENCE INTERVAL-

BLOOD EXAMINATION

SEROLOGY :

DENGUE I IgG, IgM & NSI, TEST

Dengue : IgG	-	Negative	
(Method : Card)			
(Specimen : Serum)			
DENGUE IgM	-	Negative	
(Method : Card)			
(Specimen : SERUM)			
DENGUE NSI	-	Negative	
(Method : Card)			
(Specimen : SERUM)			

K. Madhanagopal
16/01/2024
Signature

Casts

SRI DURGAI AMMAN
Laboratory

N. No. 241/ (O)202/ 1B, Periyar Pathai,
Anna Nedumpathai Junction,
Choolaimedu, Chennai - 600 094.
Phone : 4286603
Mobile : 94442 62375 / 81449 62023
Email : madanagopal1954@gmail.com

Ser.No : 22/2024

Date : . 16.01.2024

PT. Name : Mr. Aakash.,
AGE / SEX: 18 y / M.
REF.BY DR : Self.

Specimen	Test Name	Results	Units	Reference Range /Method-

URINE EXAMINATION

MACROSCOPIC EXAMINATION

Specific Gravity		
Colour	-	yellowish
Reaction	-	**Acidic**
Appearance	-	Cloudy
C		

CHEMICAL EXAMINATION

Sugar	-	Nil
Albumin	-	Present
Bile Salt- -		-
Bile pigment	-	-
Urobilinogen	-	-
-		

MICROSCOPICALS EXAMINATION

Puc Cells	-	8 - 10 pus Cells / hpf
R.B.C.	-	Nil
Epithelilial cells	-	3 - 5 Epithellial cells/hpf
Crystals	-	Nil
:Cast	-	Occasional Pus cast seen/hpf..
Acetone		
Occult Blood	-	-
_Others	-	Nil

K. Nathamuthu
16/01/2024
Signature

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Phone : 4286603
Mobile : 94442 62375 / 81449 62023
Email : madanagopal1954@gmail.com

REF.NO : 22 /2024 **Dated 16.01.2024**

PT.NAME : Mr. Aakash.,

AGE / SEX: 18 / M..

.REF. BY DR : Self.

Specimen	Test Name	Results	Units	Reference Range /Method-

HAEMATOLOGY : BLOOD EXAMINATION

COMPLETE BLOOD COUNT (CBC)

Total WBC Count	**5,190**	**cells/cumm**	**4000 - 10,000**

DIFFERNTIAL COUNT (DC) EDTA WHOLE BLOOD (Optical(Light Scatter)

Neutrophils	65	%	40 - 80
Lymphocytes	26	%	20 - 40
Eosinophils	00	%	01 - 06.
Monocytes	09	%	2.0 – 10
Basophils	00	%	0 - 2
Haemoglobin	15.1	g/dl	13 - 17
PCV (Mean Corpuscular Hemoglobin	44.0	%	40 - 50
RBC (Red Blood Count	5.68	million /cumm	4.2 – 6.1
E.S.R. (Westergran Method) 1 hour	08	mm	5 - 10
Platelet Count	1.96	Lakhs/cumm	1.5 – 4.1
MCV (Mean Corpuscular Volume)	77.4	fl	83 - 101
MCH (Mean Corpuscular Hemoglobin)	26.6	pg	27 - 32
MCHC (Mean Corpuscular Hemoglobin Concentration)	34.3	%	31.5 – 34.5

K. Madhanagopal
16/01/2024
Signature

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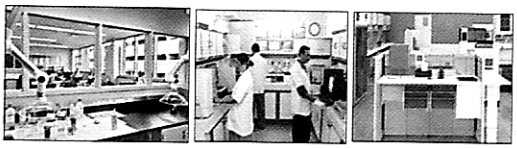


REF.NO : 22 /2024

DATED : 16.01.2024

PT. NAME : Mr. Aakash.,

AGE / SEX: 18 Y / M

REF BY DR : Self .

-Specimen	Test Name	Results	Units	Reference Range /Method-

BLOOD EXAMINATION

SEROLOGY :

BLOOD WIDAL :

Sal	Typhi	(H)	-	1 : 20	Negative	(1 : 20 Negative)
Sal.	Typhi	(O)	-	1 : 20	Negative	
Para	Typhi	(A)	-	1 : 20	Negative	
Para	Typhi	(B)	-	1 : 20	Negative	

Platelet Count	-	1.96	Lakhs/cumm	(1.5 – 4.1)

BLOOD: Malarial Parasite (QBC Method) P.V & P.F - Negative

K. Madhanagopal
16/01/2024
Signature

MH/PRINT /0054/ NRS

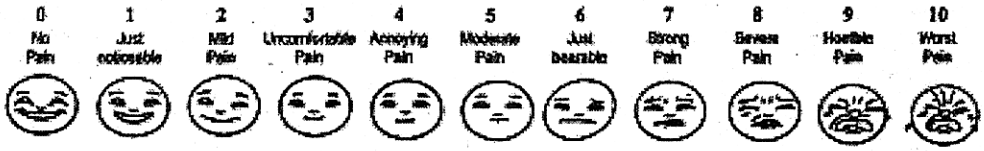
Medway Hospitals®

The way to better health

HISTORY & PHYSICAL EXAMINATION FORM

Patient's Name : Akash Raj S			I.P. No. :
Age : 18 yr	Sex : M / F	Ward : E1 B	Room No. :
Consultant Dr. :			D.O.P. :

Temp :	Pulse :	Resp :	Allergies : —
B/P :	Height :	Weight :	Current Medications : —



Complaints

pt came with complaints of fever (on & off) for past 5 days, c/o Generalised Weakness
c/o Nausea (+)
No c/o Vomitting & headache

History of Present illness

No c/o loose stools
No c/o abdominal pain
No H/o Loss of appetite
No H/o cold & cough

Past history of relevance

family and Personal

No co-morbidities (-)
No previous surgical history
No H/o drug / food allergy

Clinical Examination

O/E - pt conscious
oriented
afebrile
No pallor
No cyanosis

BP - 130/80 mm Hg
Temp - 98.6°F
PR - 103 bpm
SpO2 - 98% @ RA

Continuation on the reverse side ☐

C/E CNS - S.I.S.2 (+)

R/S - B/L A.E (+)

P/A - Soft / BS (+)

CNS - NFND

Investigation required — Enclosed

Diagnosis — Δ Enteric fever

Plan of Care

pt admitted c/o Dr: S. Lakshman Raj

IVF D:q.i.d: NS @ 80 ml/hr

Inj. Ceftriaxone 2g IV OD 12th hrly

Inj. Pcm 150 mg IV Q 6th hrly if temp > 100°F

Inj. Emeset 4 mg IV Q 8th hly

Inj. pan 40 mg IV Q 24th hrly

Tpk charting / I/O charting

Signature — Dr. Lak 84305

Date : 17/1/24 Time : 11:00 p.m.

Examined by — Dr: Janani DNB

Medway Hospitals®
The way to better health

DRUG CHART

MH/ PRINT /0042 / NRS

Name of the Patient Mr. Aakash Raj S Age 18 Sex Male Bed No. .....

Clinical Diagnosis : Enteric fever IP No. ..... Ht ..... Wt .....

Primary Consultant Name : ..... PID No. .....

Name of the Medicine	Dose	Route	Frequency	17/1/24	18/1/24
INJ CEFTRIAXONE	2g	IV	12th hrly	~~2pm~~ 9am	
INJ EMESET	4mg	IV	8th hrly	2pm 10pm	
INJ PAN	40mg	IV	24th hrly	2pm 9am	
INJ PARA	150mg	IV	6th hrly	SOS 3pm 9am	
Administered by (Nurse Signature) :					
Verified by (DMO Signature) :					

Nurse Signature : B
Nurse Name : Kala2088
Date & Time : 17/1/24

DMO Signature : A. Jahi 184305
DMO Name : Dr. Janani
Date & Time : 17/1/24 12am

Primary Consultant Signature : for A. Jahi 184305
Primary Consultant Name : Dr Lakshan Raj.
Date & Time : 17/1/24 12am.
Reg No. : 105940.

Allergic to .....**Adverse Reaction, if any** .....