

REQUEST FOR CASHLESS HOSPITALISATION FOR HEALTH INSURANCE POLICY
PART C (Revised)

TO BE FILLED IN BLOCK LETTERS

Name of the hospital: Hospital ID:
 Hospital location: Hospital ID:
 Hospital email ID: ROHINI ID:

DETAILS OF THIRD PARTY ADMINISTRATOR

Kodambakkam, Chennai 600 024
 a) Name of TPA company: Medi Assist Insurance TPA Pvt Ltd b) Phone no.: 080 22068666 c) Toll Free Fax no.: 1800 425 9559

TO BE FILLED BY INSURED/PATIENT

a) Name of the patient: b) Gender: Male Female Third gender c) Contact no.: d) Alternate contact no:
 e) Age: Years Months f) Date of birth: g) Insurer ID card no.: h) Policy number/Name of corporate: i) Employee ID:
 j) Currently do you have any other medical claim/health Insurance: Yes No j.1) Insurer name:

j.2) Give details:

k) Do you have a family physician, if yes: Name: k.1) Contact no.:

l) Occupation of insured patient:

m) Address of insured patient:

TO BE FILLED BY THE TREATING DOCTOR/HOSPITAL

a) Name of the treating doctor: b) Contact no.:

c) Name of illness/disease with presenting complaints: d) Relevant clinical findings:

e) Duration of the present ailment: days e.1) Date of first consultation:

e.2) Past history of present ailment if any:

f) Provisional diagnosis: f.1) ICD 10 code:

g) Proposed line of treatment: Medical management Surgical management Intensive care Investigation Non-Allopathic treatment

h) If investigation and/or medical management, provide details: h.1) Route of drug administration: IV Oral Other h.2) ICD 10 PCS code:

i) If Surgical, name of surgery: i.1) ICD 10 PCS code:

j) If other treatments provide details: k) How did injury occur:

L) In case of accident: i. Is it RTA: Yes No ii. Date of injury: iii. Reported 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 reports: Yes No

m) In case of maternity: G P L A n) Expected date of delivery:

DETAILS OF THE PATIENT ADMITED

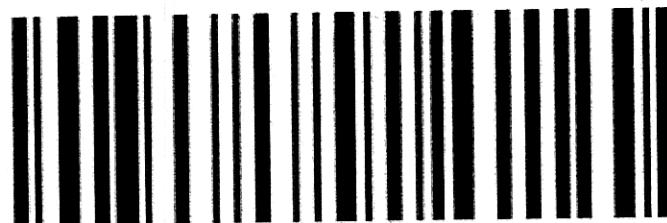
a) Date of admission: b) Time of admission: c) This is an emergency/ a planned hospitalization event
 d) Expected no. of days stay in hospital: Days e) Days in ICU: Days f) Room type:



The New India Assurance Co. Ltd.

00000000000000000000000000000000

Lalitha Av



Beneficiary name

Lalitha Av

Member ID

5111112442

Employee code

2000096226

Relation

Mother-in-law

Date of Birth

19-Sep-1952

Primary insured

**Janaki Deepa
Nagarajan**

Valid upto

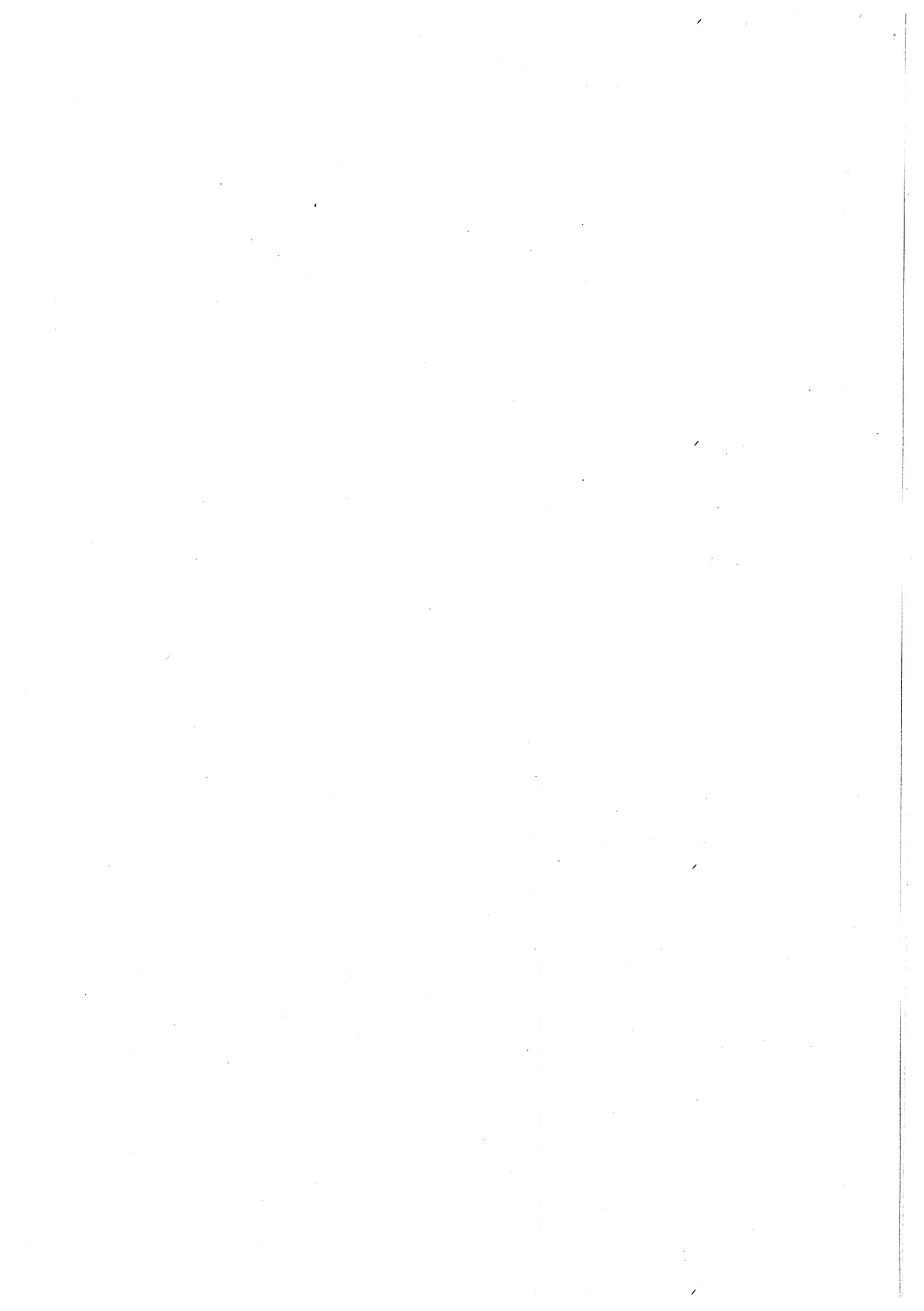
13-Aug-2024

Policy Holder

**Hexaware
Technologies Limited**

Insurer ID

MEMBER28940





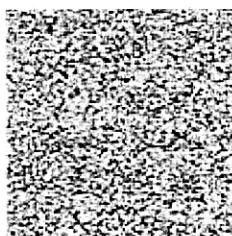
இந்திய அரசு
Government of India

ஒரு முழுமொழி முழுமொழி போன்ற போன்ற
Unique Identification Authority of India

முதிர்வு எண் / Enrolment No.: 0000/00771/89440

To
Janaki Deepa
D/O Nagarajan
Plot No 5
Third Main Road
Thuraiyakkam
Secretariate Colony
Oggai, Thuraiyakkam
Chennai - Tamil Nadu - 600097
9883183734

Signature Digitized



உங்கள் ஆதார் எண் / Your Aadhaar No. :

2408 6739 8129
VID : 9143 1011 9609 9205

நினைவு ஆதார் எண்டு வெளியிடப்படுகிறது



இந்திய அரசு
Government of India



பெயர் : Janaki Deepa
பிறப்பு : 08/06/1988
கிராம : FEMALE

2408 6739 8129

VID : 9143 1011 9609 9205

ஏற்று வெளியிட விடுதலை உத்திரவு



Government of India

இந்திய அரசு
தேசிய முழுமொழி போன்ற போன்ற



AADHAR

- ஆதார் எண்டு வெளியிட விடுதலை உத்திரவு
- முதிர்வு எண் குறிப்பு தேவை விடுதலை உத்திரவு
- இது முதல் பார்வை தேவையாக இருப்பதை நினைவு செய்து வருது.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship
- Verify identity using Secure QR Code/ Offline Aadhaar Authentication
- This is electronically generated letter

- ஆதார் எண்டு வெளியிட விடுதலை உத்திரவு
- முதிர்வு எண் குறிப்பு தேவை விடுதலை உத்திரவு விடுதலை நினைவு செய்து வருது.
- முதல் பார்வை தேவையாக இருப்பதை நினைவு செய்து வருது.
- முதிர்வு எண் குறிப்பு தேவை விடுதலை உத்திரவு விடுதலை நினைவு செய்து வருது.

- Aadhaar is valid throughout the country
- Aadhaar helps you avail various Government and non-Government services easily
- Keep your mobile number & email ID available in Aadhaar
- Carry Aadhaar in your smart phone - use mAadhaar App

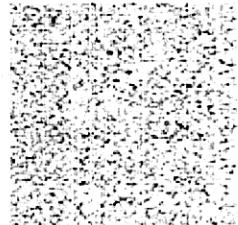


இந்திய அரசு
Unique Identification Authority of India

பெயர் : Janaki Deepa
பிறப்பு : 08/06/1988
கிராம : FEMALE
விடுதலை உத்திரவு : 600097

Address:

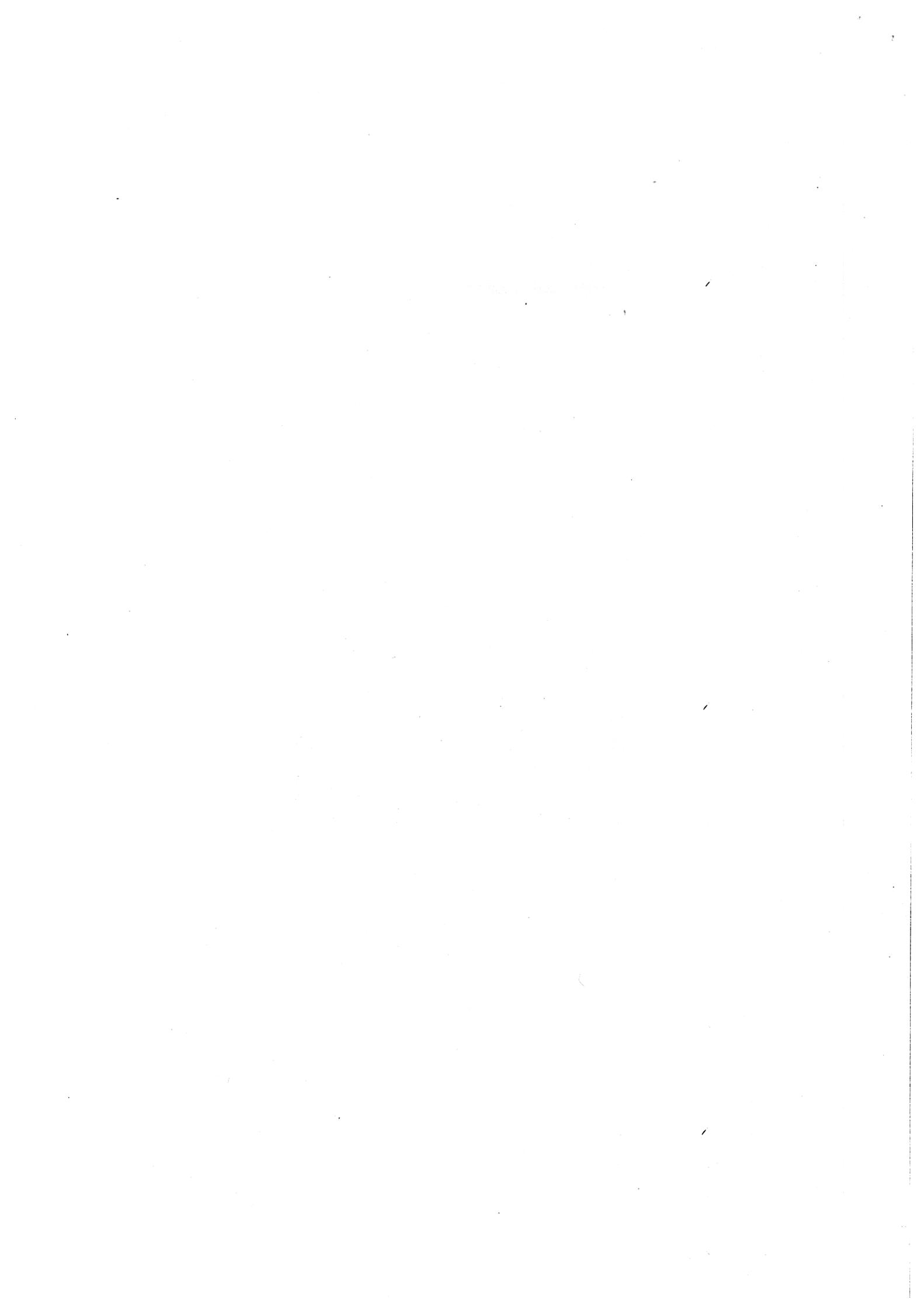
D/O Nagarajan, Plot No 5, Third Main Road,
Thuraiyakkam, Secretariate Colony, Oggai,
Thuraiyakkam, Chennai,
Tamil Nadu - 600097



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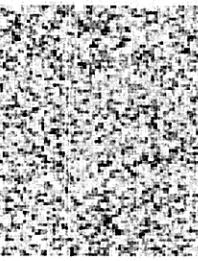
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ஏற்று வெளியிட விடுதலை உத்திரவு



स्वतंत्र राजपत्र
INCOME TAX DEPARTMENT

सर्वोच्च विवेत विवेत
प्रतिविवेत आवाद निवाद विवेत

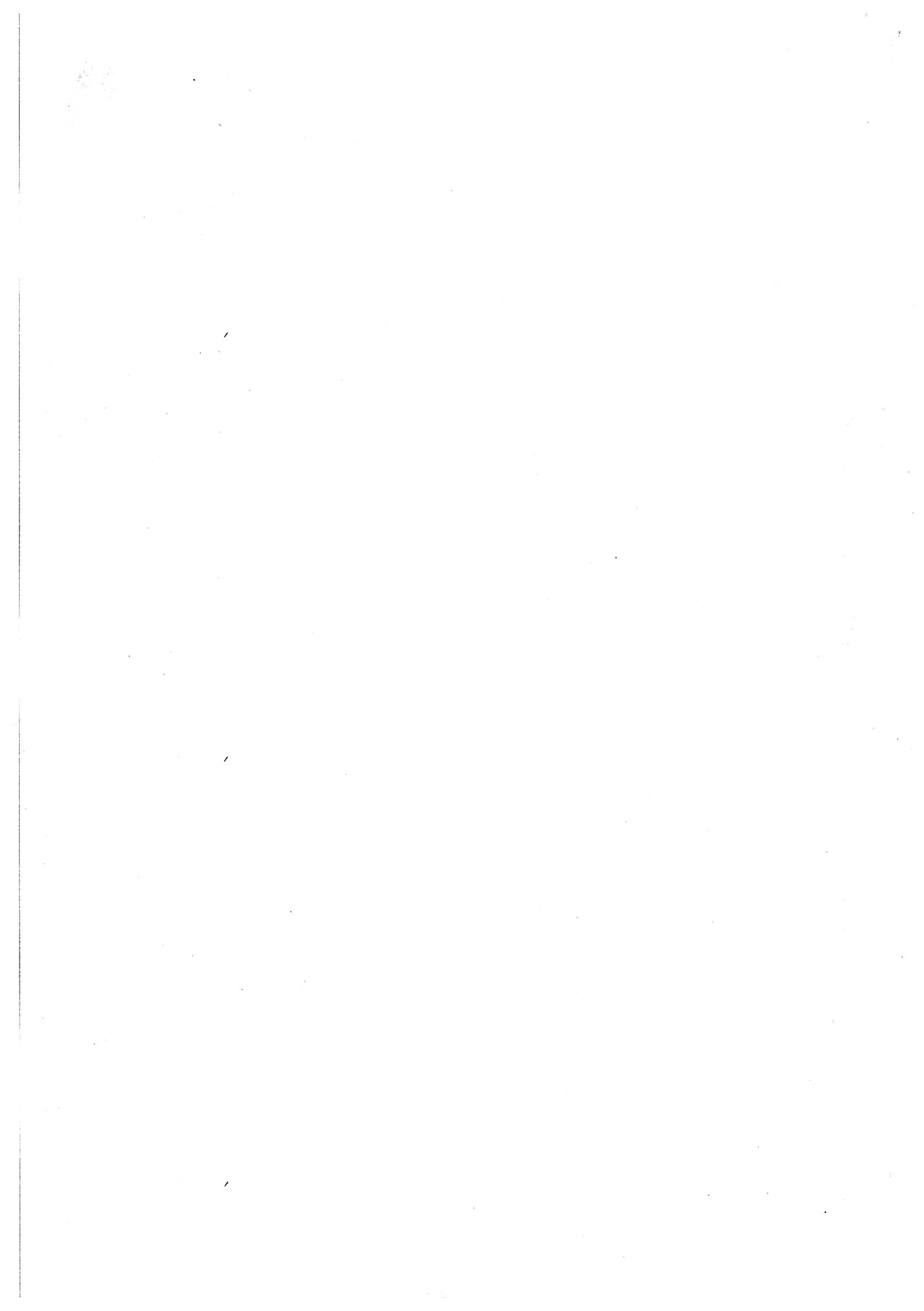


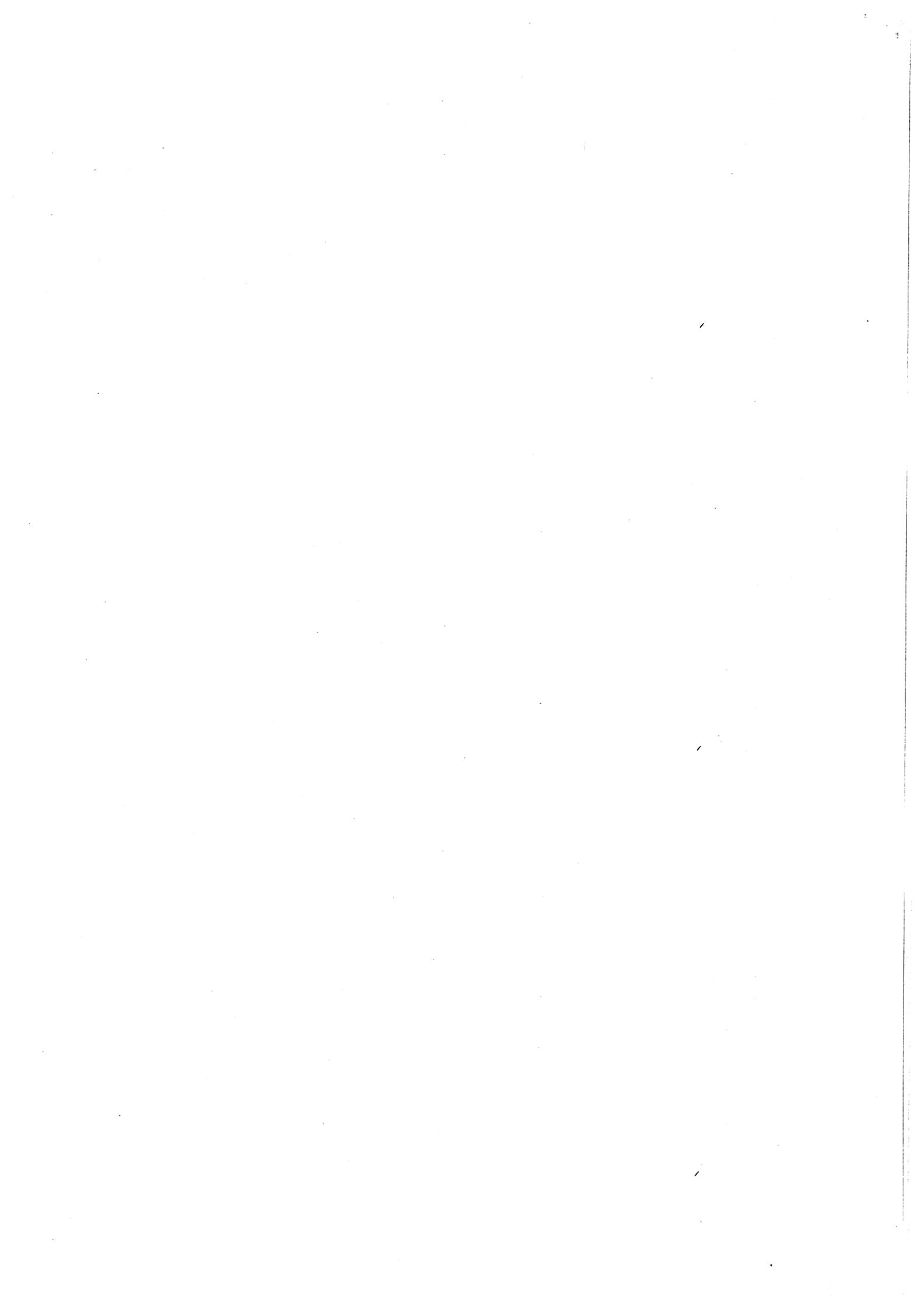
ANXPJ8726A

जानकी दीपा
प्रतिविवेत आवाद निवाद विवेत
नाम
नामांकन
नामांकन

जानकी दीपा
प्रतिविवेत आवाद निवाद विवेत
नाम
नामांकन
नामांकन

Electronically issued and Digitally signed e-PAY is a valid mode of issue of Permanent Account Number (PAN) post amendments in clause (c) in the
Explanation occurring after sub-section (a) of Section 139A of Income Tax Act, 1961 and sub-rule (6) of Rule 114 of the Income Tax Rules, 1962.





Mrs. LALITHA .A.V
71/Female/MF 00573
16/01/2024/II 202400017

Dr. T. PALANIAFPAN

**Medway Hospitals®****The way to better health****HISTORY & PHYSICAL EXAMINATION FORM**

Patient's Name : Mrs. LALITHA

I.P. No. : 0107

Age : 71 Sex : M / F

Ward : 3rd floor Room No. : 307

Consultant Dr. : Dr. T. PALANIAFPAN

D.O.P. : 16/1/24

Temp : 96.5°F Pulse : 88

Resp : 20

Allergies : —

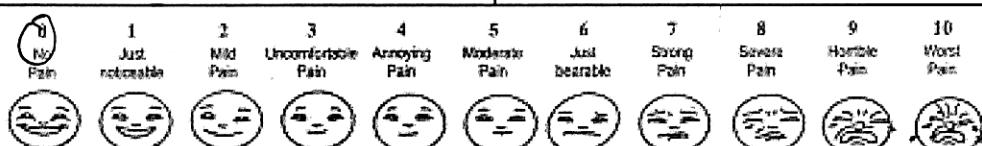
B/P : 110/80

Height : —

Weight : —

Current Medications : —

0802197



Complaints

A case of 71 years old female come in with cl. fatigue and giddiness on walking up since few months.

No h/o any fever or cold or cough.

No h/o breathlessness

No h/o any bleeding manifestation.

Married since 10 years / NCW.

Past history of relevance

Family and Personal

R/o DM on regular medication.

No hospitalization in Oct. 2023 for flu.

No Lcs & hysterectomy 20 years ago.

No Ictens H/O 22

O/O : pt is conscious, oriented, affable.

No pd/or, no cyanosis, no clubbing.

No generalized lymphedema / pedal edema.

S/O : A18 - S, S2A7, no murmur

R/S - B/L AE (7), no added sounds.

P/H - O/H, CNS - A/HNP.

Investigation required

CBC | RFT | Urine routine | ~~Urine~~ ^{BS} urine microalbumin
CBG & 2 hrs.

Diagnosis

T2DM | DKA | Uncontrolled T2DM

Plan of Care

Monitor vitals

CBG & hourly

IVF NS 10/150ml/hr

INJ. H2 4U/hr

INJ. GLUTABLISS IV STAT

INJ. TVS COOL 40mg IV BD

Date : 16/01/29 Time : 1:30 PM

Signature

Dr. C2

Examined by

Dr. C 184/205 SR. LAGYA



Name of the Patient : Mrs. Lalitha
Clinical Diagnosis : T2DM, DKA, Ulc
Primary Consultant Name : Dr. T. Parvath

Mrs. Lalitha A.Y. Age. 71 Sex. F Bed No. 309
 T2 Dmf DKA/ Uncontrolled T2DM IP No. 0107 Ht. 5'7" Wt. 71
 Dr. T. PHANARAPPAN PID No. 05713

..... Adverse Reaction, if any : _____



The way to better health

SOS MEDICATION

SOS MEDICATIONS