

GOOD HEALTH
INSURANCE
TPA LIMITED

Tel : 1 860 425 3232
Fax : 1 860 425 4242
Email: preauth@ghpltpa.com
Web : www.goodhealthtpa.com

DETAILS OF THIRD PARTY ADMINISTRATOR AND HOSPITAL

[illegible]

TO BE FILLED IN BY INSURED/PATIENT : DETAILS OF INSURED/PATIENT (Please also sign the declaration on last page of this form)

PATIENT NAME Madhuganathan

GENDER ☒ MALE ☐ FEMALE ☐ OTHER GENDER AGE 72 / DATE OF BIRTH

CONTACT NO. 996215846 CONTACT NO. OF ATTENDING RELATIVE

OCCUPATION TPA CARD ID CHNA/200225908

POLICY NO./CORPORATE NAME Family film produce ion. council

EMPLOYEE ID

ADDRESS OF THE INSURED PATIENT Edward Acker

DO YOU HAVE ANY OTHER MEDICLAIM ☐ YES / ☒ NO

[illegible][illegible]DO YOU HAVE A FAMILY PHYSICIAN ☐ YES / ☒ NO

PHYSICIAN NAME

[illegible]

GOOD HEALTH
INSURANCE
TPA LIMITED

Tel : 1 8 6 0 4 2 5 3 2 3 2
Fax : 1 8 6 0 4 2 5 4 2 4 2
Email: preauth@ghpltoa.com
Web : www.goodhealthtpa.com

EMERGENCY	PLANNED
-----------	---------

PATIENT /
INSURED NAME
AND SIGN

scul

PRE – AUTHORIZATION FORM

REQUEST FOR PRE-AUTHORIZATION FOR HEALTH INSURANCE POLICY / TO BE FILLED IN BLOCK LETTERS



GOOD HEALTH
INSURANCE
TPA LIMITED

PLEASE FILL IN ALL BOXES - This is Page 1 of 1

Tel : 1860 428 3232
Fax : 1860 428 4242
Email: preauth@ghiptpa.com
Web : www.goodhealthtpa.com

DECLARATION BY THE PATIENT / REPRESENTATIVE :

- I agree to allow the hospital to submit all original documents pertaining to hospitalization to the Insurer/TPA after the discharge. I agree to sign on the Final Bill & the Discharge Summary, before my discharge.
- Payment to the hospital is governed by the terms and conditions of the policy. In case the insurer / TPA is not liable to settle the hospital bill, I undertake to settle the bill as per the terms and conditions of the policy.
- All non-medical expenses and expenses not relevant to current hospitalization and the amount over & above the limit authorized by the Insurer / TPA not governed by the terms and conditions of the policy will be paid by me.
- I hereby declare to abide by the terms and conditions of the policy and if at any time the facts disclosed by me are found to be false or incorrect, I forfeit my claim and agree to indemnify Insurer / TPA.
- I agree and understand that TPA is in no way warranting the service of the hospital & that the Insurer / TPA is in no way guaranteeing that the services provided by the hospital will be of a particular quality or standard.
- I hereby warrant the truth of the forgoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment with respect to the claim, my right to claim reimbursement of the said expenses shall be absolutely forfeited.
- I agree to indemnify the hospital against all expenses incurred on my behalf, which are not reimbursed by the Insurer / TPA.
- "I/We authorize Insurance Company / TPA to contact me / us through mobile / email for any update on this claim."

- Patient's / Insured's Name : raduganathan
- Contact Number: _____
- e-mail Id (Optional): _____
- Patient's / Insured's Signature: Nar

Date: 27/01/24

Time: _____

HOSPITAL DECLARATION :

- We have no objection to any authorized TPA / Insurance Company official verifying documents pertaining to hospitalization.
- All valid original documents duly countersigned by the insured / patient as per the checklist below will be sent to the TPA / Insurance Company within 7 days of the patient's discharge.
- We agree that TPA / Insurance Company will not be liable to make the payment in the event of any discrepancy between the facts in this form and discharge summary or other documents.
- The patient declaration has been signed by the patient or by his representative in our presence.
- We agree to provide clarifications for the queries raised regarding this hospitalization and we take the sole responsibility for any delay in offering clarifications.
- We will abide by the terms and conditions agreed in the MOU.
- We confirm that no additional amount shall be collected for the insured in excess of the Agreed Package Rates except costs 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).
- We confirm that no recoveries would be made from the deposit amount collected from the insured except for costs 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).
- 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 from us (the Network Provider) and / or take necessary action, as provided under the MOU or applicable laws.

HOSPITAL SEAL
INCLUDING
HOSPITAL ID

No. 2, Old No. 26, 1st Main Road,
United India Colony,
Kodambakkam, Chennai-600 024

DOCTOR'S
NAME AND
SIGN

Nar


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

Patient's Name	Mr. VADUGAI ATHAN V.E 73/Male/MH01 066	an. V	I.P. No.	: 0197
Age	26/01/2024/II 2024000197	Sex: M/F	Ward: 3rd floor	Room No.: 307
Consultant	Dr. T. PALANIAPPAN		D.O.P.	: 26/1/23

Temp: 98.1°	Pulse: 88	Resp: 20	Allergies:	-
B/P: 140/80	Height: -	Weight: -	Current Medications:	-

302-99

0	1	2	3	4	5	6	7	8	9	10
No Pain	Just noticeable	Mild Pain	Uncomfortable Pain	Annoying Pain	Moderate Pain	Just bearable	Strong Pain	Severe Pain	Horrible Pain	Worst Pain

Complaints Patient was admitted with complaints of

Shortness of Breath for past 10 days,

History of Present illness aggravated by walking, relieved by Rest (sitting).

- NO H/o chest discomfort, Palpitation, Giddiness.

Past family and Personal history of relevance

- K/c/o Idm / DM / CAD (S/p-CAB) - SVD on regular medication.

Clinical Examination - N/K/c/o CVA / TB / Asthma / Thyroid and Seizure disorder.

- H/o CAB done on 31/3/22 - showed → SVD

- NO H/o drug or Food Allergy

O/E pt

CBS - SS (+)

Conscious

R₂ - BAE (+)

Oriented

PLA - Left, BSE

Afebrile

CMS - NFN

Investigation required

Surgipack, NT-proBNP, GCG,
ECG.

Diagnosis

Unstable Angina / CAD
Idm / HTN

Plan of Care

Admit ↓ Dr. T. palaniappan

Plan - CAG

- Dr. Jaidankar to be informed
- Dr. Supraja Opinion (pulmo)
- check CBG TDS

Signature

Dr. J. Jayanthi

Date : 26/1/24 Time : 7.50pm

Examined by

140318



The New India Assurance Co. Ltd.

V E VADUGANATHAN

AGE : 72

EMP ID : 1629

GOOD HEALTH ID : GHNA1300225908

VALID FROM : 08-12-2023

TAMIL FILM PRODUCERS COUNCIL



Good Health TPA Services Limited



The New India Assurance Co. Ltd.

V MUTHUMEENA

AGE : 57

EMP ID : 1629

GOOD HEALTH ID : GHNA1300225909

VALID FROM : 08-12-2023

TAMIL FILM PRODUCERS COUNCIL



Good Health TPA Services Limited

* Services of the card are available only for the cardholder only.
* The card is for identification purposes only.
* Cardholder is responsible for the card. Service Provider is not responsible for the card.
* The cardholder should not use the card for any other purpose.
* The cardholder should not use the card for any other purpose.
* The cardholder should not use the card for any other purpose.

Talk To Us : 1860 425 3545

Fax Us : 1860 425 3232

E-Mail : enquiry@goodhealthtpa.com

Web Address : www.goodhealthtpa.com



Good Health TPA Services Limited

Plot No. 42, Nagaraj, Old, Fortgate,
Hyderabad - 500 082, Telangana, India.

Note : This e-card is generated based on the enrollment information provided by you or your Company. Good Health TPA Services Limited information purely from data of enrollment provided to the Insurance Company. Any inconsistencies in the information printed in the photograph can be reported to your Employer /HR or the Insurance Company. This e-card can be used by you to avail services from the Network Hospitals. The list of network Hospitals is provided on our website www.goodhealthtpa.com. All other terms and conditions of Insurance Policy and you can refer the guidebook available on our Website for any further information. In case of any queries with any facility in any Hospital, you can call us ON 1860 425 3545 / 1860 425 3232 OR chat with us on our Website www.goodhealthtpa.com.



இந்திய அரசாங்கம்
Unique Identification Authority of India
Government of India

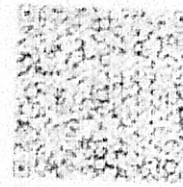
உதவி அடை / Aadhaar / Enrollment No. 2017/49820/05564

To
வடுகுநாதன் வ
Vaduganathan V
S/O Vannan
NO 120 DUEMARAGAN STREET
Seligram
Seligram
Chennai Chennai
Tamil Nadu 605093
9003077377

09/03/2018
343691635



MA436916355F1



உங்கள் ஆதார் எண் / Your Aadhaar No.

9192 8659 6797

எனது ஆதார். எனது அடையாளம்



இந்திய அரசாங்கம்
Government of India



வடுகுநாதன் வ
Vaduganathan V
பெண்புருவம் / மனம் / மனம்
ஆண்மடல் / Male



9192 8659 6797

எனது ஆதார். எனது அடையாளம்

IDENTIFICATION CARD

PERMANENT ACCOUNT NUMBER

AAAPV6183H

NAME

VE VAOUGANA THAH

DATE OF BIRTH

VD VAIRAVAN

DATE OF ISSUE

13-06-1951

Relief



Signature

[Handwritten signature]

Official Use Only - Do Not Write

MR. VA. DUGAI ATHAN V.E

73/Mal:3/MHO 066

26/01/2024/Π 2024000197

DR. T. PALANIAPPAN

Dr. T. PALANIAPPAN

Name of the Patient

Clinical Diagnosis

Primary Consultant Name :

Age..... 42..... Sex..... M..... Bed No. 307.....


Agenda IP No. 6745 Ht. _____ Wt. _____

Primary Consultant Name : PID No. : 0066

[illegible]

Administered by (Nurse Signature) :

Verified by (DMO Signature) :

Nurse Signature : 

Nurse Name : Carolyn

Date & Time : 01/01/2025 11:00 AM

DMO Signature :

DMO Name

Date & Time

Dr. Jayanthi

bD. 2. JAYANTHI

$$26 \overline{) 124} \quad (a) \quad 7:40 \text{ PM}$$

Primary Consultant Signature

Primary Consultant Name

Date & Time

Req No.

for Lawan Thi

Dr. T. Palanappan
26/1/2025

574530

All available to
 Nick De

Mr. D.D.



SOS MEDICATION

[illegible]

SOS MEDICATIONS

[illegible]

[illegible]

71 bpm
- / - mmHg

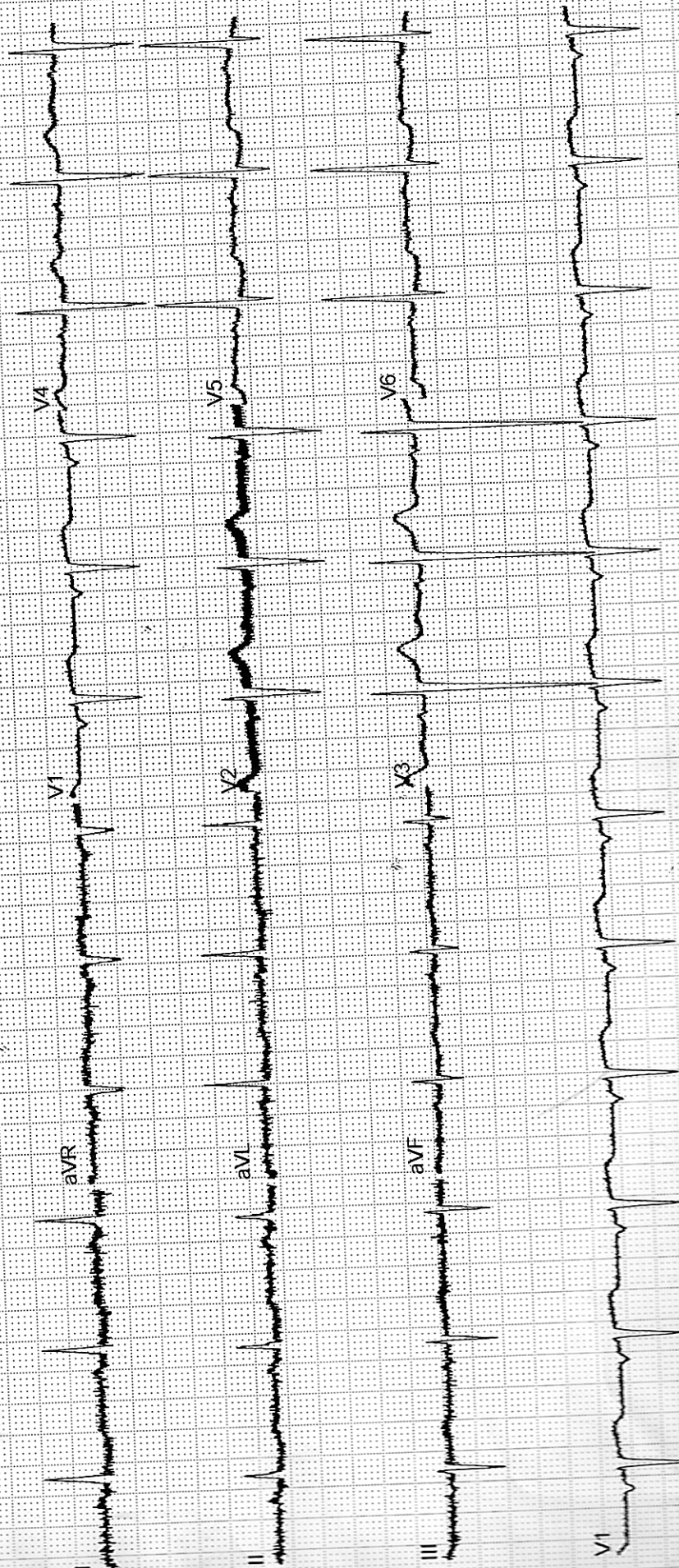
307

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Normal sinus rhythm
ST & T wave abnormality, consider lateral ischemia
Abnormal ECG

QRS 84 ms
QT / QTcBaz 410 / 445 ms
PR 146 ms
P 72 ms
RR / PP 840 / 845 ms
P / QRS / T 7 / 1 / 143 degrees



Patient Name	MR.VADUGANATHAN V.E	Patient ID	IP-197
Ref By	DR.T.PALANIAPPAN	Age/Sex	73/M
Done By	MRS. R.KALAISELVI	Date	26.01.2024

ECHOCARDIOGRAM REPORT

Aorta: 3.1cms (2.0 -3.5cms) Left Atrium: 4.7cms (2.5-3.8cms)

Result		Normal Range	Result		Normal Range
LVIDD	5.5cms	3.5-5.0cms	EDV	151ml	56-104 ml
LVIDS	4.1cms	2.0-3.7cms	ESV	76ml	19-49 ml
IVSD	1.2cms	0.6-1.0cms	EF	50%	55-75 %
LVPWD	1.3cms	0.6-1.0cms	FS	25%	30-40 %

B - MODE

SIMPSON'S EJECTION FRACTION : 50 %

55-75%

VALVE:

Mitral Valve : Normal.
 Tricuspid Valve : Normal.
 Aortic Valve : Sclerosis
 Pulmonary Valve : Normal.

CHAMBERS:

Left Ventricle : Dilated.
 Left Atrium : Dilated.
 Right Ventricle : Normal.
 Right Atrium : Normal.

Wall motion Analysis - Global / Regional : PRESENT

Contd



PATIENT
HELPLINE
94557 94557
1800 572 3003

f @MedwayHospitals @medwayhospitals in @medway-hospitals @medwayhospitals

Medway Group of Hospitals

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Chengalpattu 044-27426829	Villupuram 04146-242000	Kumbakonam 044-2473 4455	Kakinada 0884-2333367
------------------------------	---------------------------	------------------------------	----------------------------	-----------------------------	--------------------------

Medway Centre of Excellence (Chennai)

Heart Institute 044 - 4310 8959	Institute of Pulmonology 044-2473 4451
------------------------------------	---

E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

MH/MGT/LH/202109/001

Patient Name	MR.VADUGANATHAN V.E	Patient ID	IP-197
--------------	---------------------	------------	--------

Septae IAS / IVS : Intact
Pericardium : No pericardial effusion.
No clot / Vegetation.

COLOR FLOW AND DOPPLER STUDY

Normal Range

Mitral Flow

PWD: - E/A: E - 1.1m/s A - 1.0m/s

0.8 m/s - 1.0 m/s

CWD:-

Aortic Flow : 1.2m/s.

0.7 m/s - 1.0 m/s

Pulmonary Flow : 1.0m/s

0.7 m/s - 1.0m/s

IMPRESSION:

- ❖ CONCENTRIC LEFT VENTRICULAR HYPERTROPHY
- ❖ HYPOKINESIA OF BASAL MID INFERIOR WALL AND INFERO SEPTUM
- ❖ MILD LV SYSTOLIC DYSFUNCTION
- ❖ GRADE II DIASTOLIC DYSFUNCTION
- ❖ LEFT ATRIUM AND LEFT VENTRICLE ARE DILATED
- ❖ AORTIC VALVE SCLEROSIS WITH MILD AR
- ❖ NO PE/CLOT.
- ❖ NORMAL PA PRESSURES.


MRS.R.KALAISELVI
(ECHO TECHNOLOGIST)

f @MedwayHospitals

@medwayhospitals

in @medway-hospitals

@medwayhospitals



PATIENT
HELPLINE
94557 94557
1800 572 3003

Medway Group of Hospitals

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Chengalpattu 044-27426829	Villupuram 04146-242000	Kumbakonam 044-2473 4455	Kakinada 0884-2333367
------------------------------	---------------------------	------------------------------	----------------------------	-----------------------------	--------------------------

Medway Centre of Excellence (Chennai)

Heart Institute 044 - 4310 8959	Institute of Pulmonology 044-2473 4451
------------------------------------	---

E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

MH/MGT/LH/202109/001