

# PRE- AUTHORIZATION FORM



GOOD HEALTH  
INSURANCE  
TPA LIMITED

Tel : 1860 425 3232  
Fax : 1860 425 4242  
Email: preauth@ghptpa.com  
Web : www.goodhealthtpa.com

1

## DETAILS OF THIRD PARTY ADMINISTRATOR AND HOSPITAL

NAME OF THE TPA	GOOD HEALTH INSURANCE TPA LTD.		
TOLL FREE PHONE NO.	1 8 0 0 4 2 5 3 2 3 2	TOLL FREE FAX NO.	1 8 6 0 4 2 5 4 2 4 2
HOSPITAL NAME	BIRDWELL HOSPITALS		
HOSPITAL LOCATION	No. 2, Old No. 26, 1st Main Road, Perambur, Chennai, Tamil Nadu, India, 600 024		
HOSPITAL ROHINI ID	Kodambakkam, Chennai 600 024	HOSPITAL TPA ID	
HOSPITAL FAX NO.		HOSPITAL PHONE NO.	
HOSPITAL EMAIL ID			

2

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

PATIENT NAME	Vaduganathan				
GENDER	<input checked="" type="checkbox"/> FEMALE	TPA GENDER	AGE 52 1	DATE OF BIRTH	/ /
CONTACT NO.	996215846	CONTACT NO. OF ATTENDING RELATIVE			
OCCUPATION		TPA CARD ID	4THVA120225908		
POLICY NO./CORPORATE NAME	Family film producer ion. council				
EMPLOYEE ID					
ADDRESS OF THE INSURED PATIENT	6th floor, 1st floor				

DO YOU HAVE ANY OTHER MEDICLAIM  YES /

POLICY NO.

INSURANCE CO. NAME

DO YOU HAVE A FAMILY PHYSICIAN  YES /

PHYSICIAN NAME

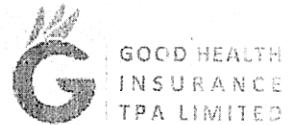
CONTACT NO.





# PRE – AUTHORIZATION FORM

FOR PRE-EMPTIVE HOSPITALIZATION FOR HEALTH INSURANCE POLICY / TO BE FILLED IN BLOCK LETTERS



Tel : 1860 425 3232  
Fax : 1860 420 4242  
Email: prezuth@ghipta.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 : Vaduganachi
- 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.

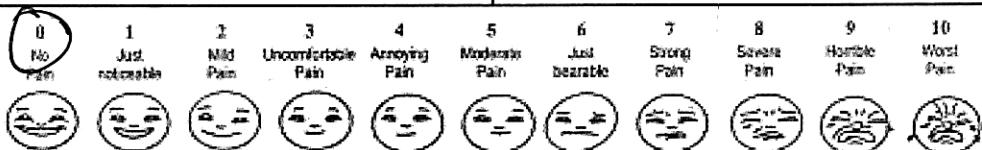
HOSPITAL SEAL  
INCLUDING  
HOSPITAL ID

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

DOCTOR'S  
NAME AND  
SIGN

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

Patient's N	Mr.VADUGAI ATHAN V.E 73/Male/MHO 066 26/01/2024/II 2024000197 Dr.T.PALANIAF PAN	an. N	I.P. No. : 0197
Age		Sex : M / F	Ward : 3rd floor Room No. : 307
Consultant			D.O.P. : 26/1/23
Temp : 98.1°F Pulse : 88	Resp : 20	Allergies : —	
B/P : 140/80 Height : —	Weight : —	Current Medications : —	

SpO<sub>2</sub> 99

Complaints

Patient was admitted with Complaints of

Shortness of Breath for past 10 days,

aggravated by walking, relieved by Rest (Lying).

— No H/o chest discomfort, Palpitations, Giddiness.

Past history of relevance

— Family and Personal

— K/o, Tdm / OHTM / CAD (Sp-CAB) - SVD on

regular medication.

Clinical Examination

— N/K (C/o CVA) / TB / Asthma / Thyroid and

Leisure disorder.

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

— No H/o drug or food Allergy

O/E pt

ABG - SS (P)

Conscious

Rs - BAE (P)

Oriented

PIA - Soft, BS (S)

Afebrile

CNS - N/FNP

Investigation required

Urgifast, NT-proBNP, ECG,  
ECG, ECHO

Diagnosis

Unstable Angina / CAD

Edm / BHTN

Plan of Care

Admit Dr. Dr. T. Palaniappan

Plan - CAG

- Dr. Jaisankar to be informed

- Dr. Supriya Opinion (pulmo)

check CBG TDS

Signature

Dr. D. Jayanthi

Date : 26/1/24 Time : 7.50 P.M

Examined by

1-10318



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

- The medical services are provided by the following hospitals.
- The card is for identification purpose only.
- Good Health provides medical services through its network of hospitals and clinics.
- Good Health is not liable for any medical services provided by hospitals and clinics outside its network.
- The services should be availed through the Good Health partner hospitals.
- The card is valid for one year from the date of issue.

• Toll Free No : 1860 425 3545

• Fax No : 040 425 4242

• E-Mail : [customerservice@goodhealthtpa.com](mailto:customerservice@goodhealthtpa.com)

• Web Address : [www.goodhealthtpa.com](http://www.goodhealthtpa.com)



Good Health TPA Services Limited

Plot No. 42, Rajendra Pura, Kompally  
Hyderabad - 500 082, Telangana, India.

1860 425 3545  
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Good Health TPA Services Limited  
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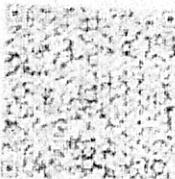


இந்திய அரசாங்கம்  
Unique Identification Authority of India  
Government of India

உதவி குறியீடு / Enrollment No. 2017/1002007544

To  
வாடுகானம் வ.  
Vaduganathan V  
50, Vennan  
NO. 120 DURAIARAYAN STREET  
Selgramam  
Selgramam  
Chettinad Chettinad  
Tamil Nadu 600093  
9883077377

144691633  
NA4758782551



உங்கள் ஆதார் எண் / Your Aadhaar No.

**9192 8659 6797**

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்

Government of India

வாடுகானம் வ.  
Vaduganathan V  
பிரதிநிதி நம்பு / Date: 13/06/2017  
நிலைமை / Stage:



**9192 8659 6797**

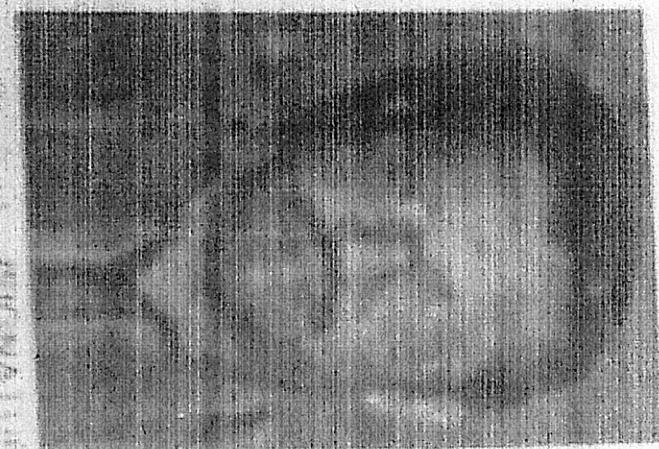
எனது ஆதார், எனது அடையாளம்

1981-05-19 10:30 AM 1981-05-19 10:30 AM  
A.A.P.V.6133H

VALUATION

1981-05-19 10:30 AM

1981-05-19 10:30 AM



1981-05-19 10:30 AM

1981-05-19 10:30 AM





**Medway Hospitals**  
*The way to better health* (R)

## SOS MEDICATION

Name of the Patient : M.R. VA DUBANATHAN Age 73 Sex. M Bed No. 307  
 Clinical Diagnosis : CAP (SIP-COSER) / T2DM / SHRN PNEUMONIA, ANGINA, Ht. 146 Wt. ....  
 Primary Consultant Name : DR. T. PEGANIA APPAN, PID No. 00006

Name of the Medicine	Dose	Route	Frequency	21/1/24	21/1/24	21/1/24	21/1/24	21/1/24	21/1/24	21/1/24	21/1/24
INJ. MUCOSYLO	600mg	IM	1-0-1								

Administered by (Nurse Signature) :

Verified by (DMO Signature) :

Nurse Signature : <i>Anandhi</i>	DMO Signature : <i>Praveen</i>	Primary Consultant Signature : <i>DR. PEGANIA APPAN</i>
Nurse Name : <i>DR. Anandhi</i>	DMO Name : <i>DR. Soundharya</i>	Primary Consultant Name : DR. T. PEGANIA APPAN
Date & Time : 24.1.24 @ 10am	Date & Time : 24.1.24 @ 10 am	Date & Time : 24.1.24 @ 10 am

Allergic to ..... *NIROD* — Adverse Reaction, if any ..... *nf*

71 bpm  
30-1 -1 mmHg

Location: Room  
Order Number: 30-1  
Indication: Medication 1  
Medication 2  
Medication 3

Normal sinus rhythm  
ST & T wave abnormality, consider lateral ischemia  
Abnormal ECG  
QRS: 84 ms  
QT / QTc Baz: 410 / 445 ms  
PR: 146 ms  
P: 72 ms  
RR / PP: 840 / 845 ms  
P / QRS / T: 7 / 1 / 143 degrees

Technician  
Ordering Ph  
Referring Ph  
Attending Ph



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.

PAN-INDIA  
**94557 94557**  
**1800 572 3003**

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#### Medway Group of Hospitals

#### Medway Centre of Excellence (Chennai)

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044-2473 4455

Mogappair  
044-26530011

Chengalpattu  
044-27426829

Villupuram  
04146-242000

Kumbakonam  
044-2473 4455

Kakinada  
0884-2333367

Heart Institute  
044 - 4310 8959

Institute of Pulmonology  
044-2473 4451

(2)

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