

Hospital Id No:

FGH-PAF-03

THIS AUTHORIZATION / CLAIM FORM FOR CASHLESS FACILITY IS VALID ONLY WHEN IT IS FILLED BY THE INSURED / PATIENT

Patient Name: Prabhu . (Prabhu) Health Card No. FLM1538817A-02
Gender: ☒ Male ☐ Female Age: 40 (yrs) DOB: _____ Policy No: _____
Patient/Attendant Mobile No. 9715017164 Employee ID _____ Company Name _____
Currently do you have any other Mediclaim / Health Insurance ☐ Yes ☒ No (if yes, provide other insurance details)
Insurance Co. Name _____ Policy No: _____
Sum Insured _____ since how long you have this cover _____
Do you have Family Physician ☐ Yes ☐ No. Name of Family Physician: _____ Mobile No: _____

TO BE FILLED BY THE TREATING DOCTOR / HOSPITAL

Name of the Hospital: Medway hospital City: _____
Type of hospitalization: ☒ Emergency ☐ Planned Expected Admission Date: 31/01/24 Time of Admission _____
Expected Length of Stay: 2 (days) Name of Treating Doctor: Dr. Palaniappan Mobile No: _____
Nature of Illness / Disease with Presenting Complaints: K/L/O, ca lungs, under Admission on chemotherapy
Relevant Clinical Findings: _____
Duration of present Ailment: _____ Years _____ Months _____ Days Date of First Consultation: 30/01/2023
Past History of Present Ailment if any _____
Provisional Diagnosis: CA Lung on Chemotherapy ICD Code: _____
Proposed Line of Treatment during Hospitalization: ☒ Medical ☐ Surgical ☐ Intensive ☐ Investigation ☐ Non Allopathic treatment
If Investigation & /or Medical Management, provide details: Endometrial previous D/P/S.

Route of Drug Administration: Oral If Surgical, Name of Surgery: nil
Type of Anesthesia: ☐ Local ☐ General ☐ Regional ☐ Dissociative ICD PCS Code: _____
If other treatments provide details: _____
In case of Accident / Injury: ☐ RTA ☐ Intentional Self Injury Date of Accident / Injury: _____
How did injury occur: nil

Injury / Diseases caused due to Substance Abuse / Alcohol Consumptions: ☐ Yes ☐ No
Test conducted to establish this: ☐ Yes ☐ No Reported to Police: ☐ Yes ☐ No FIR / MLC No: _____
In case of Maternity: G _____ P _____ L _____ A _____ LMP Date: _____ Date of Delivery _____
Mode of Delivery: ☐ VD ☐ LSCS nil

PAST HISTORY OF ANY CHRONIC ILLNESS WITH DURATION:

Disease / Ailment	Yes	No	Duration (Specify Year / Month / Days)
Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hyperlipidemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Osteoarthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Cardiovascular Diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Asthma / COPD / Bronchitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any Surgery / Hospitalization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any Other Disease / Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Congenital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any HIV or STD/Related Ailments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Alcohol or Drug Abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Expense Head	Amount (Rs.)	Expense Head	Amount (Rs.)
Room Rent per day + Nursing/Service charges + Diet		Investigations + Diagnostics	
ICU charges per day		Medicines / Consumables	
Doctor / Consultant visit charges		Equipment / Monitor etc	
Surgeon charges + Anesthetist		Miscellaneous (specify)	
Operation Theatre Charges		Implant Charges (If any)	
Package Charges	₹ 50000/-		

Estimate of Expenses: Total Amount Rs. 50000/- Class of Accommodation: _____

DECLARATION

I have completed this form and will be responsible for correctness of the medical information certified by me. I agree that Future Generali shall not be liable to make payment in case of any discrepancy between the preauthorization form and discharge summary.

Name of the treating Doctor: Dr. Pulechapan Qualification: _____

MCI Registration No with State Code: _____ No. 2, Old No. 26, 1st Main Road,

Signature of Doctor: _____ Stamp / Seal of Hospital: United India Colony,

BENEFICIARY CONSENT / AUTHORISATION I have 'No Objection' to Future Generali obtaining details of my treatment / collecting documents and also hereby authorize Future Generali to pay the hospital bill from the sum insured of my insurance policy. I also undertake to pay all non medical / non authorized expenses in the hospital bill directly to the hospital at the time of discharge. In case Future Generali issues "Denial of cashless facility" to the provider, I have 'No objection' in paying the hospital bill for the treatment given. All information provided above is true and I agree that if I have provided any false or untrue information, my right to claim the expenses shall be absolutely forfeited.

NAME OF INSURED: Prashu SIGNATURE OF INSURED: _____

INSURED Email ID: _____ INSURED Mobile No: _____

Declaration by the patient/representative

I agree to allow the hospital to submit all original documents pertaining to hospitalization to the insurer after the discharge. I agree to sign on the final bill and the discharge summary before my discharge. Payment to hospital is governed by the terms and conditions of the policy. In case the insurer 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 amounts over and above the limit authorized by the insurer not governed by the terms and conditions of the policy will be paid by me. In case any clarification is needed on admissibility of a particular item I shall contact insurer at the toll free no on the reverse of the form. I hereby declare to abide by the terms and conditions of the policy and it at any time the facts disclosed by me are found to be false or incorrect I forfeit my claim and agree to indemnify the insurer. I agree and understand that insurer is in no way warranting the services of the hospital and the insurer 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 foregoing particulars in every respect and I agree that if I made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited. I further declare that, in respect of the above treatment, no benefits are admissible under any other medical scheme or insurance. I agree to indemnify the hospital against all expenses incurred on my behalf, which are not reimbursed by the insurer.

Patient's / Insured's Name Prashu Contact No: _____ Patient's / Insured's Signature [Signature]

Hospital Declaration

We have no objection to any authorized insurance company official verifying documents pertaining to hospitalization. All valid original documents duly countersigned by the insured/patient as per the check list below will be sent to insurance company within 7 days of the patient's discharge. All non medical expenses or expenses not relevant to hospitalization/illness, or expenses disallowed in the authorization letter of the insurance company, or arising out of incorrect information in the preauthorization form will be collected from the patient.

WE AGREE THAT 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 / her representative in our presence. We agree to provide clarification 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.

Hospital Seal: _____ Doctor's Signature: _____

Documents to be provided by the hospital in support of the claim

1. Authorization Letter
2. Original Detailed Discharge Summary
3. Original Hospital Main Bill and Detailed Break Up
4. All Original Pharmacy Bills and Investigation Bill if any
5. All Investigation Reports & Prescriptions Including OT Notes



DISCHARGE SUMMARY

IP No.	IP2024000080	D.O.A	: 10/01/2024
UHID	MH57600	D.O.D	: 11/01/2024
Name	Mr. PRABHU . N	Room No.	: 308
Age / Gender	40 Years / MALE		
Consultant	: Dr. V. Arun Ramanan, MD, DM (Medical Oncologist), FIPM Consultant radiation and Medical oncologist		

DIAGNOSIS:

CARCINOMA OF LUNG (PROGRESSIVE DISEASE) / STAGE IIIb / T4 N2/3 M0 / INOPERABLE / ADMITTED FOR 1st CYCLE 5th LINE OF CHEMOTHERAPY GIVEN ON 10.01.2024

PRESENT COMPLAINTS

40 years old Male, a case of Carcinoma of lung (Progressive disease) / cT4 N2/3 M0, now admitted for 1st cycle 5th line cycle of chemotherapy.

PAST HISTORY:

Carcinoma Lung diagnosed and treated at VS hospital till 26.01.2023 / Biopsy (VS hospital, Chennai. Dated:10.06.2022) Adenocarcinoma, cT4 N2/3 M0 / Inoperable. Patient received 6 cycles of chemotherapy with Inj. Pemetrexed 800mg plus Inj. Cisplatin 100mg from 23.06.2021 to 21.12.2021. Patient received radiotherapy from 20.09.2021 to 01.11.2021 and then received 6 cycles maintenance chemotherapy with Inj. Pemetrexed 800mg plus Inj. Bevacicunab 400mg from 04.02.2022 to 18.05.2022 under care of Prof. Dr. S. Subramanian, at VS hospital, Kilpauk, Chennai. Then patient received 6 cycles of chemotherapy with Inj. Pacliaqualip 270mg plus Inj. Carboplatin 450mg plus Inj. Trastuzumab 440mg from 09.06.2022 to 21.09.2022. NGS (Dr. Lal path lab, dated: 19.07.2022) 12 Gene panel showed no significant variant detected, ErbB2 – detected, on 02.07.2022 showed PDL1 – negative (TPS -0%) / admitted for 7th cycle chemotherapy. patient received 6 cycles of chemotherapy with Inj. Atezolizumab 1200mg plus Inj. Bevacizumab 400mg plus Inj. Docetaxel 100mg till 25.01.2023 under care of Prof. Dr. S. Subramanian, at VS hospital, Kilpauk, Chennai. PETCT (dated:13.12.2022) show stable disease in right lung upper lobe lesion and with appearance of 2 subpleural pulmonary nodules. S/O Progression. CT guided right lung nodule biopsy on 15.02.2023 showed moderately differentiated adenocarcinoma with areas of necrosis. History of recent admission for Dengue fever with thrombocytopenia (From 14.05.2023 to 18.05.2023)



Tumour board policy: To repeat lung biopsy and NGS. To continue the existing chemotherapy plus IO drug and bevacizumab for 3 cycles.

Dr. Ajay Narasimhan (Cardio thoracic surgeon) advised VATS / Open right pneumonectomy

Dr. Anbarasu Mohan Raj (Cardio Vascular and Thoracic Surgery) advised to continue chemotherapy and to avoid surgery in view of stage III

Plan of treatment: After tumour board discussion, patient Mr. Prabhu. N and his attenders were explained about options of disease nature, stage, inoperability, prognosis, as PETCT showing progression, trastuzumab deruxitecan, trastuzumab emtansine afatinib, dacomitinib, neratinib, lapatinib, chemotherapy related toxicities, outcomes, cost of therapies were explained. Patient decided to undergo trastuzumab emtansine plus bevacizumab plus nanopaclitaxel chemotherapy.

DRUG ALLERGY: No Known Drug allergy

ON EXAMINATION:

Patient Conscious / Oriented / Afebrile

BSA	-	1.5m ²	Temperature	-	98.2°F
Weight	-	62Kgs	Height	-	170cm
PR	-	90/min	BP	-	130/80mmHg
RR	-	20/min	SPO2	-	98% in room air
CVS	-	S1S2 (+)	RS	-	BAE (+)
Abdomen	-	Soft, BS (+)	CNS	-	NFND

Cycle no.	Date	Chemotherapy given	Remarks
7	14.02.2023	Inj. Atezolizumab 1200 mg IV infusion on day 1 + Inj. Docetaxel 100mg IV infusion day 1 + Inj. Bevacizumab 400mg IV infusion on day 1	
8	08.03.2023	Inj. Atezolizumab 1200 mg IV infusion on day 1 + Inj. Docetaxel 100mg IV infusion day 1 + Inj. Bevacizumab 400mg IV infusion on day 1	
9	28.03.2023	Inj. Atezolizumab 1200 mg IV infusion on day 1 + Inj. Docetaxel 100mg IV infusion day 1 + Inj. Bevacizumab 400mg IV infusion on day 1	
1 st Cycle 4 th line	18.04.2023	Inj. Trastuzumab emtansine 240 mg IV infusion on day 1 + Inj. nanopaclitaxel 200mg IV infusion day 1 + Inj. Bevacizumab 400mg IV infusion on day 1	
2 nd Cycle 4 th line	09.05.2023	Inj. Trastuzumab emtansine 240 mg IV infusion on day 1 + Inj. nanopaclitaxel 200mg IV infusion day 1 + Inj. Bevacizumab 400mg IV infusion on day 1	
3 rd Cycle 4 th line	06.06.2023	Inj. Trastuzumab emtansine 240 mg IV infusion on day 1 + Inj. Nanopaclitaxel 200mg IV infusion day 1 + Inj. Bevacizumab 400mg IV infusion on day 1	

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PATIENT
HELPLINE
94557 94557
1800 572 3003

Medway Group of Hospitals

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Kumbakonam 044-2473 4455	Chengalpattu 044-27426829	Villupuram 04146-242000
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Medway Centre of Excellence (Chennai)

Heart Institute 044 - 4310 8959	Institute of Pulmonology 044-2473 4451
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4 th Cycle 4 th line	27.06.2023	Inj. Trastuzumab emtansine 240 mg IV infusion on day 1 + Inj. Nanopaclitaxel 200mg IV infusion day 1 + Inj. Bevacizumab 400mg IV infusion on day 1	
5 th Cycle 4 th line	18.07.2023	Inj. Trastuzumab emtansine 240 mg IV infusion on day 1 + Inj. Nanopaclitaxel 150mg IV infusion day 1 + Inj. Bevacizumab 400mg IV infusion on day 1	
6 th Cycle 4 th line	08.08.2023	Inj. Trastuzumab emtansine 240 mg IV infusion on day 1 + Inj. Nanopaclitaxel 150mg IV infusion day 1 + Inj. Bevacizumab 400mg IV infusion on day 1	
7 th Cycle 4 th line	14.09.2023	Inj. Trastuzumab emtansine 240 mg IV infusion on day 1 + Inj. Nanopaclitaxel 200mg IV infusion day 1 +	
8 th Cycle 4 th line	05.10.2023	Inj. Trastuzumab emtansine 240 mg IV infusion on day 1 + Inj. Nanopaclitaxel 200mg IV infusion day 1	
9 th Cycle 4 th line	04.11.2023	Inj. Trastuzumab emtansine 240 mg IV infusion on day 1 + Inj. Nanopaclitaxel 200mg IV infusion day 1	
10 th Cycle 4 th line	28.11.2023	Inj. Trastuzumab emtansine 240 mg IV infusion on day 1 + Inj. Nanopaclitaxel 200mg IV infusion day 1	
11 th Cycle 4 th line	20.12.2023	Inj. Trastuzumab emtansine 240 mg IV infusion on day 1 + Inj. Nanopaclitaxel 200mg IV infusion day 1	PETCT dated (16.12.2023) showed progressive disease
1 st Cycle 5 th line	10.01.2024	Inj. Ramucirumab 600mg plus tablet afatinib plus Inj. pemetrexed plus zoledronic acid 4 mg	

INVESTIGATIONS: Done on 09.01.2024 (VHS labs). : Hb – 14.2gm%, TC – 7.76cells / cu.mm., N – 73.4%, L – 18.7%, E – 1.2%, M – 6.1%, B – 0.6%, Platelet count – 1.57lakhs cells/cu.mm., Urea – 19mg/dl, Creatinine – 0.7mg/dl, LFT: Total bilirubin – 0.60mg/dl, Direct bilirubin – 0.17mg/dl, Indirect bilirubin – 0.43mg/dl, SGOT – 70U/L, SGPT – 119U/L, ALP – 171U/L, GGT – 267U/L. Urine routine was normal. Serology (09.01.2024) – Vitamin D3 (ELFA) 18.50ng/ml.

TREATMENT GIVEN: 1st CYCLE 5th LINE CHEMOTHERAPY ON 09.01.2024

1. Tab. Aprepitant (apriswift) 125 mg PO on day 1
2. Inj. Ramucirumab (cyramza) 600 mg IV infusion on day 1
3. Inj. Pemetrexed 500mg IV infusion day 1
4. Tablet afatinib 40mg peroral once daily
5. Inj. Decadurabulin 100mg IM on day 1
6. Inj. Pegylated Human recombinant GCSF (pegstim) 6 mg subcutaneous on day 2

With all necessary premedications and hydration measures

COURSE IN THE HOSPITAL

40 years old Male, **Mr. PRABHU. N**, a case of Carcinoma lung (Progressive disease) / Stage IIIb / cT4 N2/3 M0, now admitted for 1st cycle 5th line of chemotherapy. Patient got admitted under Medical Oncologist – Dr. Arun Ramanan. After getting detailed informed consent, 1st cycle 5th line of chemotherapy given on 09.01.2024. Patient tolerated well. No adverse reactions noted during or after the treatment. Vitals stable. Bowel and bladder habits are normal. Patient is comfortable and is hence being discharged with home medications.





ADVICE MEDICATIONS:


Sl. No	Name of the drugs	Strength	Dosages	Frequency	Route of Admin	Relationship with meals	Duration
1	TAB. APREPITANT (APRETERO)	80 MG	1 Tablet	1 – 0 – 0	P/O	Before food	On day 2 (10.01.2024) and day 3 (11.01.2024)
2	TAB. EMESET (ONDANSETRAN)	4 MG	1 Tablet	1 – 1 – 1	P/O	Before food	SOS - If vomiting
3	TAB. PAN (PANTOPRAZOLE)	40 MG	1 Tablet	1 – 0 – 1	P/O	Before food	To continue
4	TAB. ULTRACET (TRAMADOL 37.5MG + ACETAMINOPHEN 325MG)		1 Tablet	SOS	P/O	If complaints of body pain	
5	TAB. B COMPLEX (BECOSULES)		1 Tablet	1 – 0 – 1	P/O	After food	To continue
6	TAB. DOMPERIDONE		1 Tablet	SOS	P/O	Before food	If vomiting / Hiccups
7	TAB. PARACETAMOL	500 MG	1 Tablet	SOS	P/O	If complaints of fever / body pain	
8	Tab. MULTIVITAMIN, antioxidants (life n forte)	minerals	1 Tablet	1 – 0 – 1	P/O	After food	To continue
9	TAB. LACTOBACILLUS (BIFILAC)		1 Tablet	1 – 0 – 1	P/O	After food	To continue
10	TAB. LOPERAMIDE	2 MG	1 Tablet	1 – 0 – 1	P/O	After food	SOS – If loose stools
11	TAB. TRANEXAMIC acid (TRAPIC) 500mg		1 Tablet	1 – 1 – 1	P/O	After food	SOS if bleeding
12	TAB. AFATINIB	40MG	1 Tablet	1 – 0 – 0	P/O	After food	Till next cycle
13	TAB. BILASTINE	10 MG	1 Tablet	0 – 0 – 1	P/O	After food	Till review
14	LOTION ATDREX			1 – 0 – 1	For External application		Till review

To report: If temp > 101 °F / Altered sensorium / difficulty in breathing.

Persistent vomiting / loose stools

In case of emergency Contact: Medway Hospitals @ 2473 4455

 @MedwayHospitals
  @medwayhospitals
  @medway-hospitals.
  @medwayhospitals

PATIENT
 HELPLINE
 **94557 94557**
1000 572 3003

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

MH/MGT/LH/202109/001



CONDITION ON DISCHARGE: GC Stable

GCS	-	15/15	BP	-	110/80mmHg
Temp	-	98.6°F	SPO2	-	98% in room air
PR	-	86/min			

DISCHARGE ADVICE:

To do CBC (HB, TC, DC, PLT), RFT, LFT on 28-01-2024.

To review on 30-01-2024 for next cycle

To take prescribed medicines;

REVIEW:

To review with Dr. V. Arun Ramanan on 28.01.2024 (Wednesday) for next cycle as OP with prior appointment in the front office.

Typed by: M. Ranjitha

Duty medical officer

Consultant signature
(Dr. V. Arun Ramanan)

To visit at www.medwayhospitals.com



