REQUEST FOR CASHLESS HOSPITALISATION

PART C (Revised)

SBI general INSURANCE — SURAKSHA AUR BHAROSA DONO

E-MAIL ID.: cashless.health@sbigeneral.in

TO BE FILLED IN BLOCK LETTERS ONLY

Hospital ID: SBIGHS013049

Name of Hospital: Medway JSP Hospitals, (A UNIT OF UNITED ALLIANCE HEALTHCARE PRIVATE LIMITED

Hospital Location: CHENGALPATTU Hosp ID: SBIGHS013049

Hospital Email ID: cglinsurance@medwayhospitals.cor ROHINI ID: 8900080208087,0

DETAILS OF CLAIMS ADMINISTRATOR

a) Name of Insurer: ... c) Toll Free no.: 1800 210 3366 / 1800 210 6366

TO BE FILLED BY INSURED/PATIENT

a) Name of the patient: MR. KUMAR. R

b) Gender: ☑ Male ☐ Female ... contact no.: 8072021813 d) Alternate Contact

e) Age Years: 60 ... f) Insured ID card No.: 4020712657

h) Policy number / Name of corporate: 41012109009001307024 i) Employee ID:

j) Currently do you have any other mediclaim / health insurance: ☐ Yes ☑ No j1) Insurer name:

j2) Give details:

k) Do you have family physician, if yes ... k1) contact No.:

l) Occupation of insured patient: Salaried

m) Address of insured patient: Enclosed

TO BE FILLED BY THE TREATING DOCTOR / HOSPITAL

a) Name of the treating doctor: DR. MOHAN b) contact No.:

c) Name of illness / disease with presenting complaints: ⓛ side chest pain

d) Relevant clinical findings

e) Duration of the present ailment ... i) Date of first consultation: DD MM YYYY

e 2) Duration of the present ailment:

f) Provisional diagnosis: ? Pulmonary Tuberculosis / ? CAP ⓛ Lower lobe

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: Enclosed

h.1) Route of drug administration: ☑ IV ☐ Oral ☐ Other: IV/im/oral

i) If surgical, name of surgery:

i.1) ICD 10 PCS Code:

j) If other treatment provide details:

k) How did injury occur:

l) In case of accident ... iii) Reported to Police: ☐ Yes ☐ No iv) FIR No.:

v) Injury / disease caused due to substance abuse / alcohol consumption: ☐ Yes ☐ No ... Test conducted to establish this, if yes attach report: ☐ Yes ☐ No

m) In case of Maternity: ... n) Expected date of delivery: D D M M Y Y Y Y

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SBI general

E-MAIL ID.: SBIG.HEALTH@SBIGENERAL.IN

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DETAILS OF PATIENT ADMITTED

A) Date of admission: 18/12/2023 b) Time of admission: HH MM c) This is an [✓] an emergency / [ ] A planned hospitalization event

d) Date of admission: 03 Days e) Days in ICU: [ ] Days f) Room Type: [ ]

p. Mandatory test [illegible] any chronic ailment? If yes (since month/year)

g) Per Day Room Rent + Nursing & Service charges + Patient's Diet :	Rs	0	1 Diabetes MM YY
h) Expected cost for Investigation + diagnostics:	Rs	0	2 Heart Disease MM YY
I) ICU Charges:	Rs	0	3 Hypertension MM YY
J) OT Charges:	Rs		4 Epilepsy / Seizure MM YY
k) Professional fees Surgeon + Anesthetist fees + Consultation charges	Rs		5 Others MM YY
l) Medicines + Consumables cost of implants: (specify if applicable)	Rs		6 Alcohol / Drug Addiction MM YY
m) Other hospital expenses if any	Rs		7 Cancer MM YY
n) All inclusive package charges if any applicable .	Rs		8 Any surgical procedure MM YY
o) Sum Total expected cost of hospitalization	Rs	50000/-	9 Any other Pre-Existing Ailment MM YY

DECLARATION (PLEASE READ VERY CAREFULLY)

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

a. Name of the treating doctor DR [illegible]

b. Qualification c) Registration No. with State code

DECLARATION BY THE PATIENT / REPRESENTATIVE

a. 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.

b. Payment to 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 condi- tions of the policy.

c. All non-medical expenses and expenses not relevant to current hospitalization and the amounts over & above the limit authorized by the Insurer/TPA not governed by the terms and conditions of the policy will be paid by me.

d. 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 the insurer / TPA.

e. 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.

f. I hereby warrant the truth of the foregoing 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.

g. I agree to indemnify the hospital against all expenses incurred on my behalf, which are not reimbursed by the Insurer / TPA.

h. "I/We authorize Insurance Company/TPA to contact me/us through mobile/email for any update on the claim."

a. Patient's / Insured's Name: MR. RADHEKAR

b. Contact Number: 8007202818

c. Patient's / Insured's Signature: [signature]

Date: 19/01/24

REQUEST FOR CASHLESS HOSPITALISATION

PART C (Revised)

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

E-MAIL ID.: SBIG.HEALTH@SBIGENERAL.IN

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HOSPITAL DECLARATION

a. We have no objection to any authorized IPA / Insurance Company official verifying documents pertaining to hospitalization.

b. All valid original documents duly countersigned by the insured / patient as per the checklist below will be sent to TPA/ Insurance Company within 7 days of the patient's discharge

c. We agree that IPA / 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

d. The patient declaration has been signed by the patient or by his representative in our presence

e. We agree to provide clarifications for the queries raised regarding this hospitalization and we take the sole responsibility for any delay in offering clarifications.

f. We will abide by the terms and conditions agreed in the MOU

g. We confirm that no additional amount would be collected from the insured in excess of 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).

h. 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).

i. In the event of unauthorized recovery of any additional amount from the insured in excess of Agreed Package Rates, the authorized IPA / 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.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

1. Detailed Discharge Summary and all bills from the hospital
2. Cash Memos from the Hospitals / Chemist supported by proper prescription
3. Receipts and Pathological Test Reports from Pathologists, Supported by note from the attending Medical Practitioner / Surgeon recommending such pathological Tests
4. Surgeon's Certificate stating nature of Operation performed and Surgeon's Bill and Receipt
5. Certificates from attending Medical Practitioner / Surgeon that the patient is fully cured

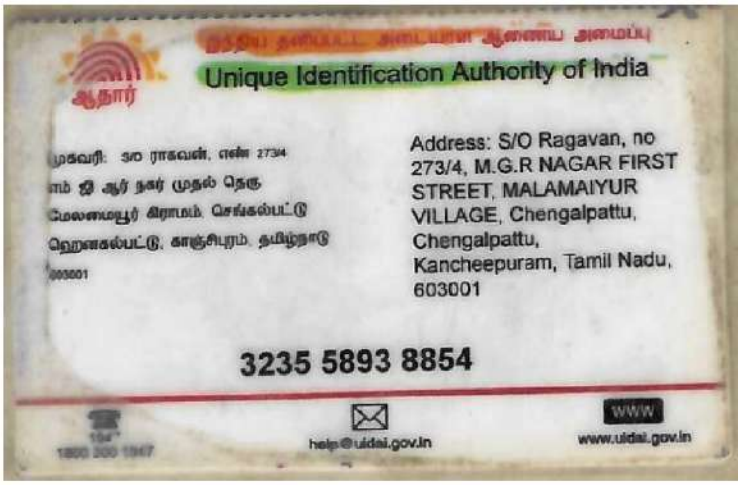
Hospital Seal: Medway JSP Hospitals [illegible] Road

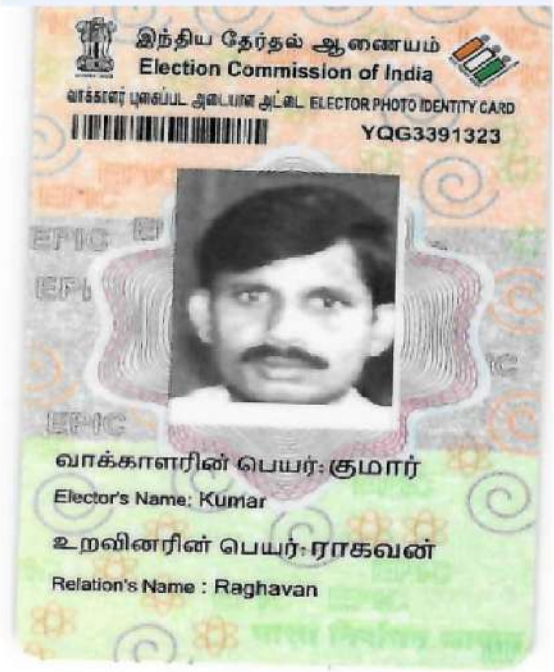
Doctor's Signature: [signature] 119916

Date: 19/01/2024

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Name:	Kumar R
Claim Administrator:	SBI General Insurance Company Ltd
Member ID:	4020712655
Relation:	Self
Age/Gender:	60, M
Start Date:	13 Oct 2023
Policy Number:	4101210900000130-02





Mr.KUMAR R
60/Male/MHC20210...7e4
18/01/2024/IPC20240001
Dr ARTHI

Medway JSP Hospitals®
The way to better health

CASH SHEET

NAME Mr. Kumar. R. AGE 60 SEX M

OCCUPATION : private Company BED NO 59(4)

ADDRESS : No. 273/4 M.G.R Nagar I.P. NO. : 0153

1st Street E.L.T SRS. Road D.O.A. : 18.1.24 TIME 3.14 pm.

Chengalpattu D.O.D. : TIME

PHONE/MOBILE : 9940119858 REF. Dr. Casualty

ADVANCE		DUES	
DATE	AMOUNT	DATE	AMOUNT
TOTAL			

CONSULTANTS

DR. Arthi (Anaes)

INVESTIGATIONS

ANY SPECIAL PROCEDURES

1. .....
2. .....
3. .....

SL. NO.	BED ALLOTMENT	PLACE & NUMBER	TRANSFER IN	DATE & TIME	TRANSFER OUT	DATE & TIME
1.						
2.						
3.						

CLINICAL EXAMINATION NOTES

A 60 years old male came to hospital with

c/o - (L) sided chest pain x 5 days

c/o - fever x 1 day

c/o - cough / cold | x 1 week.

H/o - night chills (+)
H/o - loss of appetite (+)
N/H/o - weight loss

N/H/o - abd pain / loose stools

N/H/o - chest pain / breathlessness.

N/K/C/o - DM / HTN / BA / TB / epilepsy.

N/K/C/o - smoker / Alcholic.

o/e Pt conscious
oriented
afebrile

T - 100°F.
BP - 110/80 mmHg
PR - 94 bpm
SpO_2 - 99% RA

s/e CVS - S_1S_2 (+)
RS - B/L AE (+)
P/A - soft, BS (+)
CNS - NFND

CT - chest
- minimal (L) pleural effusion
- (L) lower lobe consolidation

△ - pleural effusion / ? pneumonia

TO dos
CBC
RBS
RFT, LFT
CRP
sputum - AFB C/S.

Rx
Nasal O_2 (SOS)
Inj piptaz 4.5gm IV BD
Inj pan 40mg IV BD
Inj emeset 4mg IV BD
Inj pcm 1gm IV stat F/B (SOS)
T. Azithral 500mg 1-0-0
T. Pulmoclear 1-0-1
T. mucolite 1-0-1
T. pcm 650 1-1-1
Syrup Ascoril 10ml-10ml-10ml
Neb with duolin q 6th hrly

Mr.KUMAR R
60/Male/MHC202402784
18/01/2024/IPC2024000151
Dr.ARTHI

Medway JSP Hospitals
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)
No.70, Kanchipuram High Road, Chengalpattu - 2.
Phone : 2742 6829, 2742 8851

(1)

ADDITIONAL CASE SHEET

NAME : Mr. Kumar **BED No. :** 59(4) **IP. No. :** 0153

DATE & TIME	CLINICAL NOTES	INVESTIGATION	TREATMENT
18/1/24 8.30pm	S/B Dr Mohan (Pulm) Thanks for care. H/o (L) side pleuritic chest pain x 5 days. H/o low grade fever (+). H/o cough [illegible] x 1 week. H/o loss of appetite / loss of wt (+). No c/o [illegible] / [illegible]. CT Chest: [illegible] RL crackles (P). ? Pul TB. Change to isolation. To do Mantoux. Rx.		(C) Same. ? Cap (L) [illegible]. Sputum AFB. Sputum GeneXpert & Sputum Culture. To continue same line of treatment as advised. Dr MOHAN

Mr KUMAR R

Medway JSP Hospitals

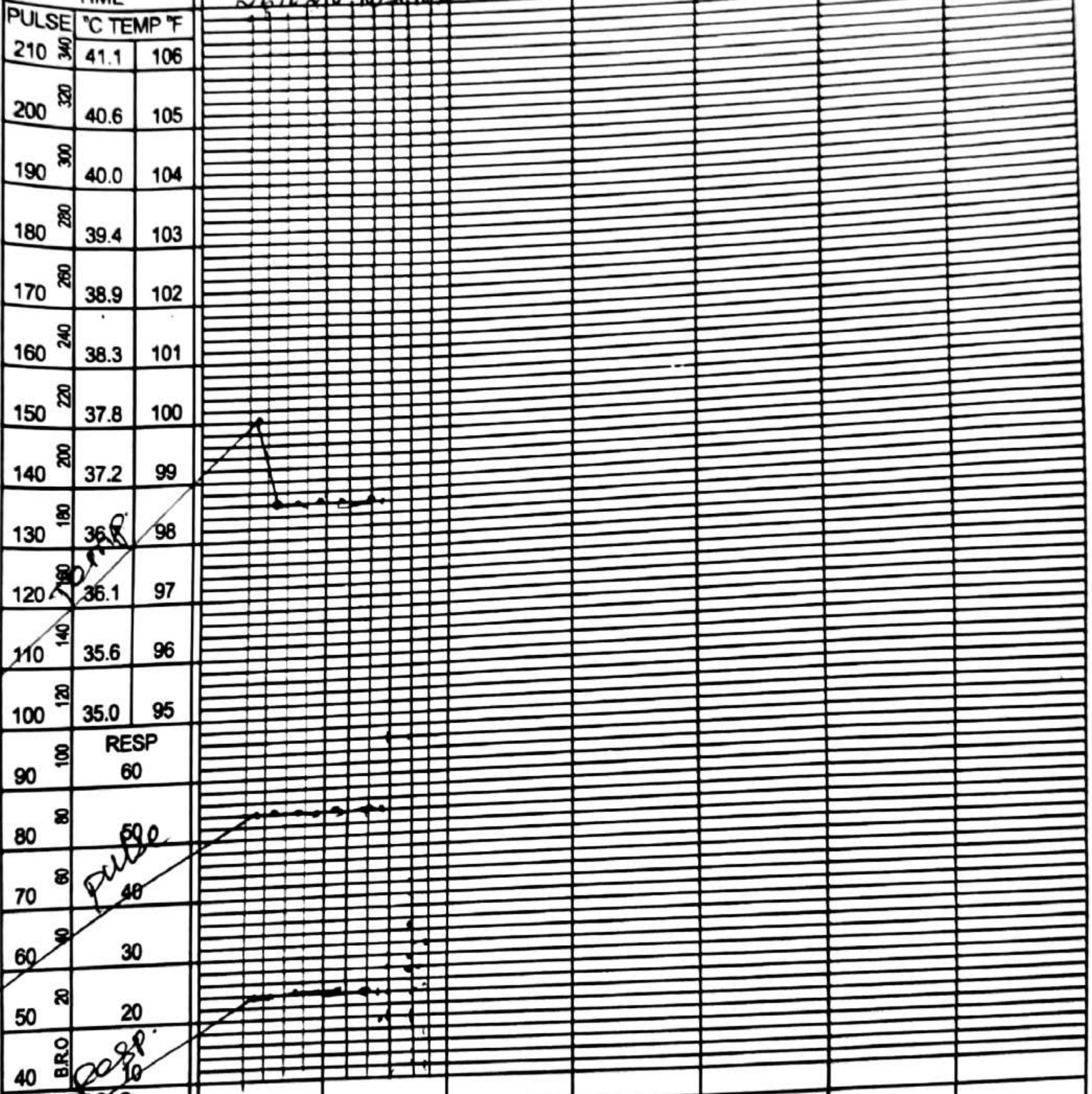
The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)

GRAPHIC (1)

Name Mr. Kumar **Age** 60/m **MRD No.** 0153/...

DATE	18/1/24	19/1/24					
No. of DAYS	(1)	(2)					
DAYS POST OP.							
TIME	2 6 10 2	6 10 2 6 10 2					



STOOLS							
URINE	voided	voided					
SPUTUM	—	—					
WEIGHT	—	—					
BATH	given	given					

Mr.KUMAR R
60/Male/MHC202402784
18/01/2024/IPC2024000153
Dr.ARTHI

edway JSP Hospitals
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)
70, Kanchipuram High Road, Chengalpattu - 2.
Phone : 2742 6829, 2742 8851

NAME : Mr. Kumar

D.O.A. : 18/1/24

D.O.D. :

I.P. No. : 0153/24 Age : 60 Sex : M

Consultants(s) : Dr. Arthi (ANES)

TREATMENT CHART

S.No.	Drug Name	Strength Mg.	Frequency Route	18 TH	1 F	24 N	1 M	1 A	24 N	Any Special Instruction
1.	INJ: PIPTZ (ATD)	4.5gm	IV BD		D1			D2		
2.	INJ: PAN	40MG	IV BD							
3.	INJ: EMESET	4MG	IV BD							
4.	INJ: PARA	1gm	IV SOS							
5.	TAB: AZITHRAL	500MG	P/O 1-0-0		D1			D2		
6.	TAB: PULMOCLEAR	1	P/O BD							
7.	TAB: MUCOLITE	1	P/O BD							
8.	TAB: PARA	650MG	P/O TDS							
9.	SYP: ASCORIL	10ML	P/O TDS							
10.	NEB: DUOLIN		P/N BID							

DEPARTMENT OF RADIODIAGNOSIS.
TNMSC CTCENTRE
GOVT. CHENGALPATTU MEDICAL COLLEGE HOSPITAL

NAME: Kumar . AGE/SEX: 60 / M DATE: 17/12/24
ID.NO: 12518

Multislice CT – CHEST

Helical plain study of the chest:

The trachea and major bronchi are normal.

The thoracic aorta and its branches are normal.

The main pulmonary artery and its branches are normal.

The right and left brachiocephalic trunks and the superior vena cava are normal.

The parenchyma of both lungs shows no significant abnormality. No air space / interstitial nodules are seen. No foci of interstitial thickening are present. No areas of air trapping / ground glass attenuation / mosaic perfusion are present.

No pleural thickening / nodularity / effusion is present.

No significant hilar / mediastinal lymphadenopathy is present.

The thoracic esophagus is normal. No intraluminal SOL / mural thickening is present. The gastroesophageal junction is normal.

The thoracic cage is normal.

IMPRESSION:
-> minimal left pleural effusion.
-> consolidation left lower lobe.

- CT ~~study of the chest shows no abnormality~~.

Please correlate clinically.

Asst. ~~professor~~.

19/01/24

Kumar

60/m

SPUTUM FOR AFB

LAB NO. ITD .....

I ..18/01/24..... negative

II ..18/01/24..... negative