



REQUEST FOR CASHLESS HOSPITALISATION FOR MEDICAL INSURANCE POLICY

Medi Assist

Name of the Hospital

Hospital Location

Hospital Fax No.

DETAILS OF THIRD PARTY ADMINISTRATOR

a) Name of TPA company: Medi Assist Insurance TPA Pvt Ltd

b) Toll Free Phone Number: 1800 425 9449

c) Toll Free FAX Number: 1800 425 9559

To Be filled in By Insured / Patient

a) Name of the Patient:

b) Gender:

c) Contact number:

g) Policy number/Name of Corporate:

h) Currently do you have any other Mediclaim/Health Insurance:

Give details:

i) Do you have a family physician:

k) Contact number, if any:

TO BE FILLED BY THE TREATING DOCTOR / HOSPITAL

a) Name of the treating doctor:

c) Name of ILLNESS / Disease with presenting complaints:

e) Duration of the present ailment:

f) Provisional diagnosis:

g) Proposed line of treatment:

h) If investigation / or Medical Management provide details:

i) If surgical, name of surgery:

j) If other treatments provide details:

k) In case of accident:

l) Injury/Disease caused due to substance abuse / alcohol consumption:

m) In case of Maternity:

Details of the patient admitted:

a) Date of admission:

c) Is this an emergency/planned hospitalization event:

d) Expected no. of days stay in hospital:

f) Per Day Room Rent + Nursing & Service charges + Patient's Diet:

g) Expected cost for investigation + diagnostic:

h) ICU Charges:

i) OT Charges:

j) Professional fees Surgeon + Anesthetist Fees + Consultation Charges:

k) Medicines + Consumables Cost of Implants (if applicable please specify). Other hospital expenses if any:

l) All inclusive package charges if any applicable:

m) Sum total expected cost of hospitalization:

b) Contact Number: 089173080300

Relevant clinical findings:

ii) Past history of present ailment any:

I.C.D-10 Code:

i) Route of drug administration:

I.C.D-10PCS Code:

k) How did injury occur:

iii) Reported to Police:

vi) Test conducted to establish this:

Date of Delivery / LMP:

Mandatory:

Past history of any chronic illness if yes, since:

(Month/year)

Diabetes

Heart Disease

Hypertension

Hyperlipidemia

Osteoarthritis

Asthma/COPD/Bronchitis

Cancer

Alcohol or drug abuse

Any HIV or STD / Related ailments

Any other Ailment give details:

DECLARATION

PLEASE READ VERY CAREFULLY

We confirm having read understood and agreed to the Declaration on the reverse of this form

a) Name of the treating doctor:

b) Qualification:

c) Registration No. with State Code:

Hospital Seal (Must include Hospital ID):

Dr. G. RAVI KUMAR, MD., DM.

Regd. No. 50031

Consultant Cardiologist


OMNI RK Super Special Hospital

(A Unit of INCOR Hospital

Visakhapatnam-4

Patient/Insured Name & Signature:

IMPORTANT: PLEASE TURN OVER


 Government of India
 ଓଡ଼ିଶା ସରକାର
 P. Loela Kumari
 ଓଡ଼ିଶା - ଶାସନ ଶାସକ
 Father : S. BANGAR RAJU
 ଜନ୍ମ ବର୍ଷ / Year of Birth : 1961
 ଲିଙ୍ଗ / Female

5460 6484 7172

ଆଧାର - ସାଧାରଣ ଲୋକର ଅଧିକାର


 Government of India
 ଓଡ଼ିଶା ସରକାର
 Address:
 117, ସୁନାରସାହି, ନାବରାଙ୍ଗପୁର, ଓଡ଼ିଶା, 764059
 117, SUNARISAHIL,
 NABARANGAPUR,
 Nabarangpur, Nabarangpur,
 Odisha, 764059

5460 6484 7172

1947
 1800 200 1947
 help@uktel.gov.in
 www.telai.gov.in



THE NEW INDIA ASSURANCE CO. LTD.

Wholly owned by Government of India

Insurance Cashless e-Card

Employee Name:	P Mukesh	Policy Holder:	Tata Consultancy Services Ltd
Employee ID:	1296311	Policy Number:	920000/34/17/04/00000001
Policy Start Date:	01-Apr-2017	Policy End Date:	31-Mar-2018
Room Eligibility:	Twin sharing AC room		

Beneficiary name	Medi Assist ID	DOB	Relation
P Mukesh	4019244210	04-Oct-1995	Self
P Leela Kumari	4019635672	24-Jan-1962	Mother

HELPLINE NUMBERS:

24 hrs toll-free no.: 1800 208 1033

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated hospital list, login to www.mediassistindia.com

For Cashless Pre-Authorization request/queries please write to cashless@mediassistindia.com.

Tracking your claim is much simpler and at your fingertips. Access track.medibuddy.in

MEDI ASSIST INSURANCE TPA PRIVATE LIMITED.

Tower D, 4th Floor, IBC Knowledge Park, 4/1 Bannerghatta Road, Bhavani Nagar, Bengaluru,
Karnataka 560029. CIN: U85199KA1999PTC025676 Website: www.mediassistindia.com

OMNI RK™

Super Speciality Hospital
(a unit of Omni Hospitals Vizag Pvt. Ltd.)

Name P. Leela kumari Age 65 Sex F Wt.....

MR.No. 5125 IP.No. 2352

INITIAL ASSESSMENT

(TO BE FILLED BY DOCTORS)

COMPLAINTS

① Shoulder pain — ∴ 4 days.
pain radiating to back.
associated w sweating ⊕.
% gripping pain in chest — ∴ 4 days.
Lethargy — ∴ 4 days.

HISTORY OF PRESENT ILLNESS

No H/O P/C/C.
palpitations ⊕, ↓ sleep.
Stable pedal edema ⊕.

HISTORY OF PAST ILLNESS

H/O Hypotensive episode since 2 days (90/60 mmHg) yesterday
(85/60) today morning.

H/O Stentization done. (13 yrs back).

DOCTOR'S ORDERS

Date/Time	PROGRESS NOTE	DOCTOR'S ORDERS
<u>12/12/17</u>	<p>c/s by Dr. Ravi Kumar.</p> <p>GRBS - 415 mg/dl.</p> <p>Adv:</p> <p>CBC</p> <p>Sr. CREATININE</p> <p>HBAC.</p> <p>Sr. ELECTROLYTES.</p> <p>SCREENING.</p> <p>TROP-T.</p> <p>2DECHO.</p> <p>CXR</p> <p>ECG.</p>	<p>Re:</p> <p>① Ins. MIXTARD.</p> <p>12 UNITS _____ 12 UNITS.</p> <p>② Ins. PARVOP, 40 MG / 3U / OD.</p> <p>③ TAB. CLOTAB, 75 MG 4 TABS, STAT.</p> <p>④ TAB. AZTOR, 80 MG, 1 STAT.</p> <p>⑤ TAB. ECOSPRIN, 325 MG, 1 STAT.</p> <p>⑥ NTG - 2.5 ML / HOUR.</p> <p>⑦ O₂ INHALATION.</p> <p>⑧ GRBS TID.</p>

[Signature]

Name.....P. Leela Kumar..... Age.....65..... Sex.....F..... Wt.....

MR.No.....8055..... IP.No.....2382.....

DOCTOR'S ORDERS

Date/Time	PROGRESS NOTE	DOCTOR'S ORDERS
	<p>Angina 2+</p> <p>203 2+</p> <p>W 5.2</p> <p>L. ch</p> <p>ECG</p>	<p>AD AU</p> <p>unstable angina</p> <p>DM OUA</p> <hr/> <p>① inj. Moranyl 100 ————— 100 2</p> <p>② T. Pantoprazole 40 mg</p> <p>③ T. Clopidogrel 75 mg</p> <p>④ T. Aspirin 100 mg</p> <p>⑤ T. Sorbitrate 1 gm</p> <p>⑥ inj. Cloxacillin 1 gm stat</p> <p>⑦ inj. Moranyl 100 mg</p> <p>20 24</p>



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Give details:

i) Do you have a family physician:

k) Contact number, if any:

(PLEASE COMPLETE DECLARATION ON THE REVERSE SIDE OF THIS FORM)

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c) Name of ILLNESS / Disease with presenting complaints:

e) Duration of the present ailment:

f) Provisional diagnosis:

g) Proposed line of treatment:

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i) If Surgical name of surgery:

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m) In case of Maternity:

n) Date of admission:

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r) Expected cost for investigation / diagnostic:

s) ICU Charges:

t) OT Charges:

u) Professional fees Surgeon + Anaesthetist fees + Consultation Charges:

v) Medicines + Consumables Cost of implants (if applicable please specify other hospital expenses if any):

w) All included package charges (if any):

x) Sum Total expected cost of hospitalization:

b) Contact Number:

d) Relevant clinical findings:

e) Past history of present ailment any:

f) ICD 10 Code:

g) ICD 10PCS Code:

h) How did injury occur:

i) Reported to Police:

j) FIR No.:

k) Test conducted to establish this:

l) Date of Delivery / LMP:

m) Mandatory:

n) Past History of any chronic illness if yes, since:

o) Diabetes:

p) Heart Disease:

q) Hypertension:

r) Hyperlipidemia:

s) Osteoarthritis:

t) Asthma / COPD / Bronchitis:

u) Cancer:

v) Alcohol or drug abuse:

w) Any HIV or STD / Related ailments:

x) Any other Ailment give details:

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(PLEASE READ VERY CAREFULLY)

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Hospital Seal (Must include Hospital ID)

Dr. G. RAVI KUMAR, MD, DM.

Regd. No. 50031

Consultant Cardiologist

OMNI RK Super Special Hospital

(A Unit of INCOR Hospital)

Visakhapatnam-4

Patient/Insured Name & Signature:

IMPORTANT: PLEASE TURN OVER

Name p. leela kumari Age 56 Sex f Wt.....

MR.No. 80355 IP.No. 23822

MEDICATION CHART

H/O. DRUG ALLERGY..... ANY CHANGE IN PLAN OF CARE, PLEASE SPECIFY.....

TO BE FILLED BY DOCTOR							TO BE FILLED BY NURSE					
S. No.	Date/Time	NAME OF THE DRUG	Dose	Route	Freq	Sig.		Sig.		Sig.		Sig.
							Time	With Name	Time	With Name	Time	With Name
	12/12/17	TAB: ECOSPINIC	325mg	PO	STAT	✓	1:30pm					
		TAB: CLOPILAT	300mg	PO	STAT	✓	1:30pm					
		TAB: AZTOR	80mg	PO	STAT	✓	1:30pm					
		PNL: PANTOP	40mg	IV	STAT	✓	1:30pm					
		PNL NICH	1cup	IV	STAT	✓	1:30pm					
		Inj. H-Achripid	2ml	IV	STAT	✓						
		Tab- Sorbitrate	5mg	PO	BD							
		Inj: cloxacrine	0.6	SL	BD							
		Inj: (H) miltatrad	10 ^u 10 ^u									
		Inj: Monocet	1gm	IV	BD							

Note : 1. Please write GENERIC NAME Preferably 2. Please write in CAPITAL LETTERS
3. Do not use abbreviations - MS, MSO₄, MgSO₄, U, IU, QD, QOD, Trailing Zero,
Lack of Leading Zero (Eg : Wrong is 1, 1.1 Correct is 1.0, 0.1)

12/13/2017 6:22:57 AM

Micu - 6

Rate 101 Age not entered, assumed to be 50 years old for purpose of ECG interpretation
 PR 147 Sinus tachycardia.
 QRS 87 Probable left atrial enlargement.
 QT 343 P > 50ms, < -0.10mV V1
 QTc 445 all extremity leads < 0.5mV
 Abnormal R-wave progression, late transition. QRS area < 0 in V5/V6
 Abnormal T, consider ischemia, lateral leads. T < -0.20mV, I aVL V5 V6

--AXIS--

P 69

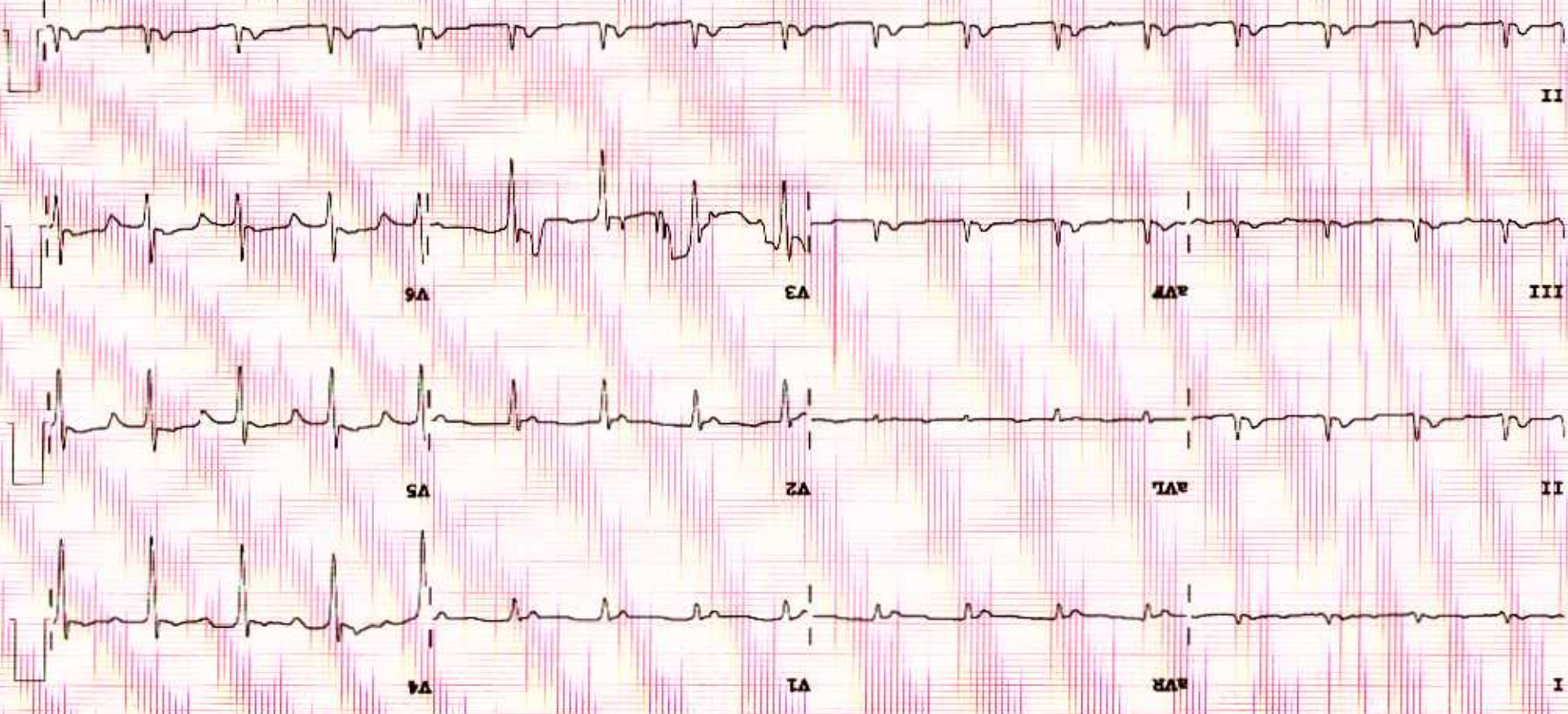
QRS 85

T 257

12 lead; standard placement

Unconfirmed Diagnosis

- ABNORMAL ECG -



Device: Speed: 25 mm/sec I Limb: 10 mm/mV Chest: 10.0 mm/mV F 50-0.50-40 Hz W 100B CL P2

Patient Name Mrs. P LEELA KUMARI
MR No MR080355
Age 56Years
Sex Female

Consulting Dr. Dr Ravi Kumar G
Report Date 12-12-2017 15:41
Phone No
Visit Id IP023822

Radiology Report

Radiology

ECHOCARDIOGRAM REPORT

DIMENSIONS:

LV		mm	AO (ed)	35	mm
LVIDS	29	mm	LA (es)	37	mm
ESV	31	mm	IVSD (ed)	11	mm
EDD		mm	LVPWD (ed)	42	mm
EDV	95	mm	RV (ed)		mm
			MVA		mm
SV					
EF	57%				
FS	26%				

MITRAL VALVE	:MILD TO MODERATE MR
AORTIC VALVE	:Normal
TRICUSPID VALVE	:MILD TR
PULMONARY VALVE	:Normal
INTERATRIAL SEPTUM	:Intact
INTERVENTRICULAR SEPTUM	:Intact

Patient Name Mrs. P LEELA KUMARI
MR No MR080355
Age 56Years
Sex Female

Consulting Dr. Dr Ravi Kumar G
Report Date 12-12-2017 15:41
Phone No
Visit Id IP023822

PULMONARY ARTERY	:Normal
AORTA	:Normal
RIGHT ATRIUM	:Normal
RIGHT VENTRICLE	:Normal
LEFT ATRIUM	:Normal
LEFT VENTRICLE	:Normal
PERICARDIUM	:Normal

DOPPLER / COLOUR STUDY:

MV FLOW : E>A

AV FLOW :1.3m/sc

PV FLOW :1.0m/sc

FINAL IMPRESSION :

NO RWMA
NORMAL LV/RV SYSTOLIC FUNCTION
MILD TO MODERATE MR
NO AR
MILD TR, NO PAH
NO PERICARDIAL EFFUSION
NO CLOTS
NO VEGETATIONS

Dr.G. RAVI KUMAR MD,DM
CARDIOLOGIST

Laboratory Report

Waltair Main Road, Ramnagar,
 Opp, Lions Club, Visakhapatnam-530002
 Ph: 0891-3080300, www.omnihospital.in

Patient Name Mrs. P LEELA KUMARI
 MR No MR080355
 Age 56y
 Sex Female

Consulting Dr. Dr Ravi Kumar G
 Sample Date 12-12-2017 14:35
 Report Date 12-12-2017 16:47
 Visit Id IP023822

Microbiology

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
-------------------------	---------------	--------------	------------------------

HIV (TRIDOT)

NON-REACTIVE

Test Description

HBsAg

Result

NEGATIVE

Units

Reference Range

Serology

Test Description

HCV

Result


NON-REACTIVE

Units

Reference Range

*** End Of The Report ***

- * Test results related to the items tested
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 Lab Technician
 Jhansi P


 Lab Pathologist

Laboratory Report

Waltair Main Road, Ramnagar,
Opp, Lions Club, Visakhapatnam-530002
Ph:0891-3080300, www.omnihospital.in

Patient Name Mrs. P LEELA KUMARI
MR No MR080355
Age 56y
Sex Female

Consulting Dr. Dr Ravi Kumar G
Sample Date 12-12-2017 14:35
Report Date 12-12-2017 16:46
Visit Id IP023822

Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
SERUM CREATININE	0.9	mg/dl	0.6 - 1.4

<u>Item Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
			Non Diabetic - 5-6 % Ion exchange resin
			Good Control : 6-7 %
HbA1c	6.9	%	Fair Control : 7-8 %
			Poor Control: 8-10 %
			Very Poor Control : >10%
MBG	151		Calculation

ELECTROLYTES

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
SODIUM	132	meq/l	135 - 150
POTASSIUM	4.9	meq/l	3.5 - 5.5
CHLORIDE	109	meq/l	90 - 106

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Lab Technician



Laboratory Report

Waltair Main Road, Ramnagar,
Opp, Lions Club, Visakhapatnam-530002
Ph: 0891-3080300, www.omnihospital.in

Patient Name Mrs. P LEELA KUMARI
MR No MR080355
Age 56y
Sex Female

Consulting Dr. Dr Ravi Kumar G
Sample Date 12-12-2017 14:35
Report Date 12-12-2017 16:43
Visit Id IP023822

Pathology

INVESTIGATIONS	RESULTS	NORMAL VALUES
HAEMOGLOBIN	12.2	11.5 - 16.5 gms%
TC	13,300	4000 - 11000 Cells/Cumm
DIFFERENTIAL COUNT		
POLYMORPHS	80	40 - 70%
LYMPHOCYTES	17	20 - 40%
EOSINOPHILS	02	0 - 8%
MONOCYTES	01	0 - 6 %
PLATELET COUNT	1.40	1.4 - 4.0 Lakhs/cumm
PCV	37.9	37 - 52%
TRBC	4.38	4.5 - 6.5 millions/cumm
MCV	86.5	82-92 fl
MCH	27.9	27-32pg
MCHC	32.2	32-36 %

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Lab Pathologist

Laboratory Report

Waltair Main Road, Ramnagar,
Opp, Lions Club, Visakhapatnam-530002
Ph: 0891-3080300, www.omnihospital.in

Patient Name Mrs. P LEELA KUMARI MR No MR080355 Age 56y Sex Female	Consulting Dr. Dr Ravi Kumar G Sample Date 12-12-2017 14:35 Report Date 12-12-2017 19:20 Visit Id IP023822
---	---

Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
TROPONIN - T (QUANTITATIVE)	NEGATIVE		

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Opp, Lions Club, Visakhapatnam-530002
Ph:0891-3080300, www.omnihospital.in

Patient Name Mrs. P LEELA KUMARI
MR No MR080355
Age 56y
Sex Female

Consulting Dr. Dr Ravi Kumar G
Sample Date 12-12-2017 15:53
Report Date 12-12-2017 17:33
Visit Id IP023822


Pathology

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Reference Range</u>
URINE ROUTINE(ALBUMIN, SUGAR, MICRO)			
Albumin	TRACES	...	
Sugar	NIL	...	
Urine for Micro			
Pus Cells	3 - 5	/hpf	
Epithelial Cells	2 - 4	/hpf	
RBC	NIL	...	
Casts	NIL	...	
Crystal	NIL	...	

<u>Test Name</u>	<u>Result</u>
URINE FOR KETONE BODIES	POSITIVE (Small 15)mg/dL

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