



## 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:

l) In case of accident:

m) In case of Maternity:

n) 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 &amp; 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:

IICD 10 Code:

i) Route of drug administration:

LICD 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

Hypertension

Hypertension

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DECLARATION

PLEASE READ VERY CAREFULLY

We confirm having read and 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 (P) Ltd.)  
Visakhapatnam-4

Patient/Insured Name &amp; 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,  
 Nabarangapur, 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](http://www.mediassistindia.com)

For Cashless Pre-Authorization request/queries please write to [cashless@mediassistindia.com](mailto:cashless@mediassistindia.com).

Tracking your claim is much simpler and at your fingertips. Access [track.medibuddy.in](http://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](http://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. 8125 IP.No. 2352**INITIAL ASSESSMENT**

(TO BE FILLED BY DOCTORS)

**COMPLAINTS**

Ⓡ 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. CLOPAB, 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 O<sub>2</sub> 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 2x</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 3x</p> <p>⑦ inj. Moranyl 100 mg 2x</p>





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Give details:

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k) Contact number, if any:

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

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n) Date of admission:

o) Is this an emergency/planned hospitalization event:

p) Expected no. of days stay in hospital:

q) Per Day Room Rent + Nursing &amp; Service charges + Patient's Diet:

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:

Relevant clinical findings: Temp: 98.4°F, PR: 92/min, RR: 24/min, SpO2: 95% on room air, BP: 150/100 mmHg

I. ICD 10 Code:

II. ICD 10PCS Code:

III. ICD 10PCS Code:

IV. ICD 10PCS Code:

V. ICD 10PCS Code:

VI. ICD 10PCS Code:

VII. ICD 10PCS Code:

VIII. ICD 10PCS Code:

IX. ICD 10PCS Code:

X. ICD 10PCS Code:

XI. ICD 10PCS Code:

XII. ICD 10PCS Code:

XIII. ICD 10PCS Code:

XIV. ICD 10PCS Code:

XV. ICD 10PCS Code:

XVI. ICD 10PCS Code:

XVII. ICD 10PCS Code:

XVIII. ICD 10PCS Code:

XIX. ICD 10PCS Code:

XX. ICD 10PCS Code:

XXI. ICD 10PCS Code:

XXII. ICD 10PCS Code:

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XXV. ICD 10PCS Code:

XXVI. ICD 10PCS Code:

XXVII. ICD 10PCS Code:

XXVIII. ICD 10PCS Code:

XXIX. ICD 10PCS Code:

XXX. ICD 10PCS Code:

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XXXVIII. ICD 10PCS Code:

XXXIX. ICD 10PCS Code:

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XXXXXV. ICD 10PCS Code:

XXXXXVI. ICD 10PCS Code:

XXXXXVII. ICD 10PCS Code:

XXXXXVIII. ICD 10PCS Code:

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Regd. No. 50031

Consultant Cardiologist

OMNI RK Super Special Hospital

(A Unit of INCOR Hospital)

Visakhapatnam-4

Patient/Insured Name &amp; Signature

IMPORTANT: PLEASE TURN OVER



Name p. leela kumar 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: ECOSPIN	325mg	PO	STAT	✓	1:30pm					
		TAB: CLOPILAT	300mg	PO	STAT	✓	1:30pm					
		TAB: AZTOR	80mg	PO	STAT	✓	1:30pm					
		Tab: PANTOP	40mg	W	STAT	✓	1:30pm					
		Tab: NITRO	10mg	W	STAT	✓	1:30pm					
		Tab: H-Achripid	200mg									
		Tab- Sorbitrate	5mg	PO	BD							
		Tab: cloxacrine	0.6	SL	BD							
		Tab: (H) minitrad	10 <sup>u</sup>									
		Tab: Monocet	1gm	W	BD							

Note : 1. Please write GENERIC NAME Preferably 2. Please write in CAPITAL LETTERS  
3. Do not use abbreviations - MS, MSO<sub>4</sub>, MgSO<sub>4</sub>, 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