

PPN NETWORK - DECLARATION BY PATIENT/PATIENT'S ATTENDANT

Name of the Hospital : **RAINBOW CHILDREN'S MEDICARE LIMITED**
No. 157, Anna Salai, Guindy, Chennai - 600 015
www.rainbowhospitals.in Date : 25-06-2026

Address :

PATIENT NAME (BLOCK LETTERS) : UDHAYALAKSHMI R AGE/SEX : FEMALE

IP No : UHID No : Mobile No of Patient : 9952617047

Date of Admission : 25-06-2026 Time of Admission :

Date of Discharge : Time of Discharge :

Address of the Patient : No. 37, Kuttu street, Pearamalpet, Vepey, Chennai - 600007

NAME OF THE ATTENDANT : PRASANNA S Relationship with the Patient : Husband

Mobile No. of Attendant : 9884991975 Address : No. 1, Rv Gordon, Kadappai, Tambaram ch-#5

Declaration regarding Insurance Policy (Strike off the option which is not applicable)

(i) **Declaration when patient has no insurance policy:**

- I declare that I do not have any insurance policy.

(ii) **Declaration when patient has insurance policy:**

- I declare that I have following Insurance Policies

Policy No/TPA card No: 4037135165

Insurance Company: THE NEW INDIA ASSURANCE CO. LD

2) Whether patient opted for Eligible Room Category under Policy:
Yes / No

3) In case, policyholder wishes to avail better facility:

Name of the Additional Facility/ Provision/ Procedure/ Treatment
..... which costs Rs :
(In words:
.....) only.

On my own option, I wish to avail above better facility and I hereby agree to pay on my free will, after being explained in detail by the Hospital authority in my own and understandable language about the above mentioned Additional Facility/Procedure/Treatment and associated cost of it, which is over and above the agreed PPN tariff. Further, if I opt to go for final bill reimbursement with insurance company, respective insurance company will reimburse only as per agreed PPN tariff rates and balance amount will be borne by myself or patient only.

I have also been explained that when room service of a category better than eligible room rent is availed by the patient, not only the difference in room rent but also an equal proportion of all other charges associated with the treatment shall be borne by me.

Signature: [Handwritten Signature]
Name of the Patient/Patient's attendant:

Signature :
Name of the Hospital Representative & Hospital Seal :
RAINBOW CHILDREN'S MEDICARE LIMITED
No. 157, Anna Salai, Guindy, Chennai - 600 015
www.rainbowhospitals.in

**THE NEW INDIA ASSURANCE CO. LTD.***Wholly owned by Government of India***Insurance Cashless e-Card**

Employee Name:	Prasanna Swaminathan	Policy Holder:	Tata Consultancy Services Ltd
Employee ID:	2032314		
Policy Start Date:	01-Apr-2026	Policy End Date:	31-Mar-2027
Room Eligibility 1:	Base Single AC Room for Employee/Spouse/Child		
Room Eligibility 2:	Twin Sharing AC Room for Parent/Parent-in-law		

Beneficiary name	Medi Assist ID	DOB	Relation
Prasanna Swaminathan	4035869620	27-Mar-1988	Self
Udhayalakshmi	4037135165	17-Apr-1991	Spouse
Havinan	4036290093	14-Jun-2021	First Child

HELPLINE NUMBERS:**24 hours helpline : 040-68213610**

- 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.mediassisttpa.in.

Important Notes:

- Co-pay has been introduced on all hospitalization claims under TCS India Health Insurance Scheme (HIS), for more details refer the HIS policy document
- Room Rent Eligibility for parents and parent in law for all plan except Platinum Plus and Platinum plan is "Entry Level Twin Sharing AC". Opting higher room category than eligibility will cause proportionate deduction which is applicable to all bill line items and not just the room rent difference. This deduction to be borne by the employee.
- Pre-existing ailments / diseases will not be covered for any newly added parents or parents-in law unless defined under critical illness. However this is not applicable to beneficiaries added within 90 days from the date of joining or marriage or childbirth.

For Cashless Pre-Authorization request/queries please write to cashless@mediassist.in.Tracking your claim is much simpler and at your fingertips. Access t.mediassist.in

Download our MediAssist app to track/manage your health care needs and do much more - now available in Android and IOS

Medi Assist Insurance TPA Pvt. Ltd.Tower D, 4th Floor, IBC Knowledge Park, 4/1 Bannerghatta Road, Bhavani Nagar, Bengaluru, Karnataka
560029. CIN: U85199KA1999PTC025676 Website: www.mediassisttpa.in



भारत सरकार

Government of India



आधार

Issue Date: 20/10/2011



உதயலக்ஷ்மி இரா

Udhaya Lakshmi R

பிறந்த நாள் / DOB: 17/04/1991

பெண் / Female

5569 0253 2018



5569 0253 2018

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



முகவரி: D/O ம ரவி, New No-6 Old No-37,
குட்டி செட்டி தெரு, பெருமாள்பேட்டை,
வேபெரி ஸ்.ஓ, சென்னை, தமிழ் நாடு,
600007

Print Date: 08/09/2022

Address: D/O M Ravi, New No-6 Old No-
37, Kuttu Chetty Street, Perumalpet,
Vepery S.O, Chennai, Tamil Nadu, 600007



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இந்திய அரசாங்கம்

Government of India



பிரசன்னா சுவாமிநாதன்

Prasanna Swaminathan

பிறந்தவருடம் / Year of Birth : 1988

ஆண்பால் / Male



9134 9410 2620

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

முகவரி:

S/O: சுவாமிநாதன், எண் 1 ஆர்வி
கார்டன், ஜீவா தெரு, கடப்பேரி,
மேற்குதாம்பரம், தாம்பரம்,
காஞ்சிபுரம், தாம்பரம், தமிழ்
நாடு, 600045


Address:

S/O: Swaminathan, NO 1 RV
GARDEN, JEEVA STREET,
KADAPPERI, WESTTAMBARAM,
Tambaram, Kancheepuram,
Tambaram, Tamil Nadu, 600045

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1800 300 1947


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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

S PRASANNA

SWAMINATHAN

27/03/1988

Permanent Account Number

BKZPP9460K

S. Prasanna
Signature



25112010

IP18-00036177
Mrs UDHAYA LAKSHMI .R
17-04-1991 36 Y 2 M 0 D (F)
Dr. SELF

Patient Sticker



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Able to PFM well.
Admitted for Et-Rpt LSCS + ST.

LMP: 02/10/2025

EDD: 09/07/2026

Corrected EDD:

GA: 38 weeks

Obstetric Formula: G3P1L1A1

Menstrual History: Regular: Yes No

m/s: 7 years, NCM

Obstetric Examination

Obstetric History:
Spontaneous abortion: 2020
GDM on OHA
1st FTLS (CPD), 3.15kg, Lakshmi Sundaram
A & H - 5 years old.
PP, spontaneous conception

Fundal Height: Term

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others

Head Fifths Palpable: 4/5

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Sutton: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

Present Pregnancy Record:

- Booked & immunised
- N4 (N), FTS low risk
- Anomaly scan (N) (Lt renal peliectasis)

RISK FACTORS:

Growth scans (N)

Previous LSCS.
GDM on OHA.
Fetus - left renal peliectasis
(7-8mm)
↓
13.8mm

Height: 166 cm

Weight: 109 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: full

Pallor: NO

Icterus: NO

Edema: NO

Temp: (N)

PR: 81/min

BP: 128/68 mmHg

DTR: (+)

CVS: S1 S2 (+)

RS B/L AE (+)

Liver/Spleen: soft

Urine Output: adequate

DIAGNOSIS

G3P1L1A1, B positive	Prev. LSCS LCB - 5 years	38 weeks	GDM on OHA	Et. Rpt LSCS
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Fetus (Lt) Renal peliectasis

Family History:
Mother - T₂DM
Father - T₂DM

Surgical History:
LSCS x 2021

Medical History: GDM on OHA

Medication History:
Tab. METFORMIN 250mg 1-01

Plan of Care: I/y Dr. Poorizhi
Admission
- Admission
- parts preparatin.
- secure IV line.
Plan: Elective repeat LSCS with sterilization at 8AM 25/6/26.
- NPO
- IVF @ 125ml/hr (RL)
- Informed consent.
- Inform OT/NICU.
- follow premeds
- Bladder catheterization
- Shift to OT on orders
- Inform SOS.

Investigations:
CTG
CBA - 100mg/dl

Doctor Name: Dr. Mohana / Dr. Danyalakshmi
Signature: [Signature]
Date & Time: 25/6/26, 5:40 AM

Consultant Name: Dr. Poorizhi
Signature: [Signature]
Date & Time: 25/6/26, 5:40