

# **Medway JSP Hospitals, Chengalpattu.** **FINAL DISCHARGE ACCOUNTING SHEET DETAILS**


PATIENT NAME:	Angitha	IP NO:	2696
AGE :	33	TPA:	Medi
CONTACT NO :	29109124	INSURANCE:	Medi Pnt
DOA :		DOD:	01/10/24
CLAIM NO:			

FINAL BILL AMOUNT	63027
FINAL APPROVED AMOUNT ( - )	49038
TPA DISCOUNT ( - ) ( If applicable)	3151
DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)	10888
ADVANCE PAID ( - )	5000
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND )	7888

CASH / ONLINE

If refund is above Rs.2,000/- transfer will be done by online.

BANK DETAILS	ENCLOSED
FINAL BILL COPY	ENCLOSED
FINAL APPROVAL COPY	ENCLOSED

	
INSURANCE DEPARTMENT	BILLING DEPARTMENT
FRONT OFFICE INCHARGE	CENTRE HEAD

Total Authorized Amount(INR)

49038

Amount to be paid by Insured (INR)

9538

Detailed list of deductions have been shared with the claimant

**Terms and conditions for authorization:**

1. Cashless authorization letter issued on the basis of information provided in pre authorization form. In case of misrepresentation/concealment of facts, any material difference/deviation/ discrepancy in information is observed in discharge summary / IPD records then cashless authorization stands null & void. At any point of claim processing Insurer or TPA reserves the right to raise queries for any other document to ascertain the admissibility of claim.
2. KYC (know your customer) details of proposer/employee/beneficiary are mandatory for claim payout above Rs.1 lakh.
3. Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except cost 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)
4. Network provider shall not make any recovery from the deposit amount collected from the insured except for the cost 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)
5. In the event of unauthorized recovery of any additional amount from the insured in excess of Agreed Package Rates, the authorized TPA/Insurance company reserves the right to recover the same or get the same refunded to the policy holder from the network provider and/or take necessary action as provided under the MOU.
6. Where treatment / procedure to be carried out by a Doctor/Surgeon of insured's choice (not empaneled with the Hospital) network provider may give treatment after obtaining specific consent of the policyholder.
7. Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought are not admissible
8. Expenses are excluded which are not covered / not payable as per health insurance policy terms and conditions are not admissible
9. Expenses related to medicines/drugs incurred post discharge and Differential cost borne by the policyholder may be reimbursed by Insurer subject to terms and conditions of the policy

The following documents must be submitted in full within 7 days from date of discharge to enable settlement of claim:

1. Original cashless claim form in IRDAI format
2. Government ID proof and Medi Assist ID card of the patient along with KYC form
3. Detailed discharge summary with Main hospital bill along with Break-up of the bill amount being claimed
4. Cash memos from the Hospitals / Chemists supported by proper prescriptions
5. Diagnostic Test Reports, X-ray films, and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests
6. Original sticker for all the implants & high value consumables
7. Surgeon's Certificate stating the nature of operation performed and Surgeon's Bill and Receipt
8. Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge
9. Copy of the receipt for the amount settled by the patient / representative
10. Final hospital bills should be issued in the name of **The New India Assurance Co. Ltd** as a payer for payment of cashless claims. This is a mandatory requirement for claim settlement.
11. Please send cashless documents to the address mentioned in the last page of the letter. (Beneath signature)

Note: As per Modified Guidelines on Standards and Benchmarks for Hospitals in the Provider Network issued by IRDAI vide Circular Ref: IRDA/HLT/REG/GDL/114/07/2018 dated 27th July 2018, your Hospital is mandatorily required to Register with ROHINI and obtain either Pre-entry level Certificate (or higher level of certificate) issued by NABH or State Level Certificate (or higher level of certificate) under NQAS, issued by National Health Systems Resources Centre (NHSRC) on or before July 26, 2019.

**QUICK LINKS:**

**For partner hospital**

View this claim on [IHX](#). Not on IHX yet? [Sign Up](#) now.

Warm Regards,

Medi Assist Insurance TPA Pvt. Ltd  
CIN: U85199KA1999PTC025676.  
Cashless Processing Centre  
#58/1A, Singhasandra,  
Hosur Main Road,  
Begur Post.  
Bangalore. PIN - 560068.  
Helpline 0120-6937324

**Disclaimer:** The TPA extends the cashless facility subject to the standard terms & conditions of the policy and the information provided in the cashless request form. We suggest that the patient continues with the treatment as advised by the treating doctor, irrespective of the pre-authorization/cashless facility.

App



Connect



THIS IS A SYSTEM GENERATED CORRESPONDENCE. PLEASE DO NOT REPLY TO THIS EMAIL





Medi Assist Insurance TPA Pvt. Ltd



Date :01 Oct 2024

To,

The Administrator / Medical Superintendent,  
J S P Hospitals Pvt Ltd,  
#70, Kanchipuram High Road,  
Hospital ID: (102383)  
Rohini Id: 8900080208087

Dear Partner,

With reference to your request (124867965) for final cashless pre-authorization, we here by authorize INR 49038 against your final bill amount INR 63027. The details of the pre-authorization are as follows:

**Patient Details**

Patient Name	Anitha A
Relation to Primary Beneficiary	Spouse
Age	33
Gender	F
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	4051580767
Policy Holder	HITACHI ENERGY TECHNOLOGY SERVICES PRIVATE LIMITED (HETSPL)
IP No.	87000034240400000352
Policy No.	15 Jul 2024 to 14 Jul 2025
Policy/Plan Period	Venkatesh A
Primary Beneficiary	TP00387000024900258463
Insurer Claim No	MEMBER3361
Insurer Member ID	

**Treatment Details**

Provisional Diagnosis	Hydronephrosis with renal and ureteral calculous obstruction
Expected/Actual Date Of Admission	29 Sep 2024
Treating Doctor	Senthil kumar
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	01 Oct 2024
Room Category Occupied	Single private room
Length Of Stay	2
Eligible Room Category	Single Ward ( Private / Special / Executive Ward)

Total Authorized amount Rs 49038 (Forty Nine Thousand and Thirty Eight).

**Authorization Remarks :**

Final Processed....Amount deducted in Hospital Discount column not to be collected from the patient/NME deducted/Post discharge medications not payable

**Note:** If Top Up is available and applicable, as per policy conditions, Top Up claims will be processed and additional amounts will be approved along with base amount as per your benefit.

**Authorization Summary**

Total bill amount (INR)	63027
Other Deductions(INR)*	9538
Hospital Discount (INR)	3151
Excess of Tariff / Package (Not to be Collected From Patient) (INR)	1300
	0



**Medway JSP Hospitals**

**The way to better health**

(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL		
Name : Mrs.ANITHA		IP Number : IPC2024002696
Age / Sex : 33 / FEMALE		D.O.A. : 29/09/2024
Doctor Name : DR.SENTHIL KUMAR.,MS.,MCH (URO)		D.O.D. : 01/10/2024
TPA Name : Medi Assist Insurance TPA India Pvt Ltd		Claim No: 124867965
Insurance Name :The New India Assurance Co. Ltd		
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	AC SINGLE ROOM CHARGES (2900* 2 DAYS)	5800
3	NURSING CHARGE (250* 2 DAYS)	500
4	DMO CHARGES ( 500* 2 DAYS)	1000
5	ECG CHARGES 1 No	300
6	X RAY CHARGES 1 No	550
7	OPERATION THEARTER CHARGES	6000
8	OT ASSISTANT CHARGES	2000
9	LAB CHARGES	7205
10	DRUGS CHARGES	10772
11	MRD CHARGES	200
12	DISINFECTION CHARGES	200
13	DR.SENTHIL KUMAR.,MS.,MCH (URO)	20000
14	DR.RAVIKUMAR.,MD.,DA	7500
15	DIETITIAN CHARGES	500
	Total	63027
Rupees : Sixty Three Thousand and Twenty Seven Only		
Rs.63,027/-		
Insurance deparment		

Medway JSP Hospitals  
No: 70, Kanchgopuram High Road  
Chengalpattu - 603 002

f @MedwayHospitals

@medwayhospitals

in @medway-hospitals

@medwayhospitals



94557 94557

1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

Heart Institute

Institute of Pulmonology



57

II floor

QMS?

## BILLING CARD

MAC ROOM

Patient Name

IP No.

Room No.

Mrs. ANITHA.A

33 Female MHC202409416

29.09/2024/IPC2024002696

Dr. SENTHIL KUMAR

D.O.A. 29/9/24 Time 7:15 PM

Rent Per Day 2900/-

### TRANSFER DETAILS

Date	Time	To	Nurse's Signature

### OPERATION THEATRE

Date	: 30/09/24	OT No.	: ①
Surgeon	: DR. SENTHIL KUMAR, URB	Start Time	: 8:30 AM
I Asst. Surgeon	: —	End Time	: 9:00 AM
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: DR. Ravi Kumar	C-Arm	: —
OT Nurse	: REGINA	Arthroscopy	: —
Name of Surgery	: CYSTOSCOPY & Bladder Biopsy	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	
		Others	: —

### MONITOR

### INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

### OXYGEN

### SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

### ALPHA BED

### SCD PUMP

### VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]



[illegible]

Date \_\_\_\_\_

## LABORATORY

29/9/24

RBS, Electrolytes, CBE, LFT, Urea, Creatinine, Blood Grouping and Typing, Anti HCV, HIV I & II, HBsAg, VDRL, BT, ET (2152)

20/9/24

Crime Routine - 2239

**RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER**

29 | 9 | 24  
29 | 09 | 24

ECG (1)  
chest PA

due  
Due

K. Swathes } 2153  
for

2153

**CBG**

**ABG**

## ACT

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

Date \_\_\_\_\_

## PHYSIOTHERAPY

NEBULIZER

## OTHERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS