

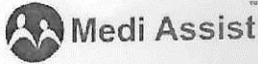
Medway JSP Hospitals, Chengalpattu.
FINAL DISCHARGE ACCOUNTING SHEET DETAILS

| | | | |
|--|------------------|--------------------|-----------------|
| PATIENT NAME: | <i>Ilamrajan</i> | IP NO: | <i>2332</i> |
| AGE : | <i>33</i> | TPA: | <i>Meli</i> |
| CONTACT NO : | | INSURANCE: | <i>NH</i> |
| DOA : | <i>29/08/24</i> | DOD: | <i>29/08/24</i> |
| CLAIM NO: | | | |
| FINAL BILL AMOUNT | | <i>21606</i> | |
| FINAL APPROVED AMOUNT (-) | | <i>15930</i> | |
| TPA DISCOUNT (-) (If applicable) | | <i>1080</i> | |
| DIFFERENCE AMOUNT (TO PAY BY THE PATIENT) | | <i>4596</i> | |
| ADVANCE PAID (-) | | <i>3000</i> | |
| BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND) | | <i>1596/-</i> | |
| 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 | |
| <i>[Signature]</i> | | <i>[Signature]</i> | |
| INSURANCE DEPARTMENT | | BILLING DEPARTMENT | |
| FRONT OFFICE INCHARGE | | CENTRE HEAD | |



Medway JSP Hospitals
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

| FINAL BILL | | |
|--|-------------------------------------|---------------------------|
| Name : Mr.ILAVARASAN | | IP Number : IPC2024002332 |
| Age / Sex : 33 / MALE | | D.O.A. : 28/08/2024 |
| Doctor Name : DR. ILANCHET CHENNI.,MD.,(GEN PHY) | | D.O.D. : 29/08/2024 |
| TPA Name : Medi Assist Insurance TPA India Pvt Ltd | | Claim No: 39469431 |
| Insurance Name : The New India Assurance Co. Ltd | | |
| S.No | Description | Value |
| 1 | REGISTRATION CHARGES | 500 |
| 2 | ICU CHARGES (4900*1 DAY) | 4900 |
| 3 | STEPDOWN ICU CHARGES (3300*0.5 DAY) | 1650 |
| 4 | NURSING CHARGES (250*1.5DAYS) | 375 |
| 5 | INTENVISIT CHARGES (3000*1.5DAYS) | 4500 |
| 6 | MONITER CHARGES (1000*1DAY) | 1000 |
| 7 | X RAY CHARGES 1No | 550 |
| 8 | ECG CHARGES 1No | 300 |
| 9 | LAB CHARGES | 3713 |
| 10 | DRUGS CHARGES | 1218 |
| 11 | DISINFECTION CHARGES | 200 |
| 12 | MRD CHARGES | 200 |
| 13 | DR. ILANCHET CHENNI.,MD.,(GEN PHY) | 2000 |
| 14 | DIETITIAN CHARGES | 500 |
| Total | | 21606 |
| Rupees : Twenty One Thousand Six Hundred and Six Only Rs.21,606/- | | |
| Insurance deparment | | |
| Medway JSP Hospitals No: 70, Kancheepuram High Road Chengalpattu - 603 002 | | |



Medi Assist Insurance TPA Pvt. Ltd



XAP39469431

Date :29 Aug 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 (39469431) for final cashless pre-authorization, we here by authorize INR 15930 against your final bill amount INR 21605. The details of the pre-authorization are as follows:

Patient Details

| | |
|---------------------------------|---|
| Patient Name | Ilavarasan M S |
| Relation to Primary Beneficiary | Self |
| Age | 33 |
| Gender | M |
| Insurance Company | The New India Assurance Co. Ltd |
| Medi Assist ID | 5084111812 |
| Policy Holder | COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT. LTD |
| IP No. | |
| Policy No. | 97000034230400000116_SEZ |
| Policy/Plan Period | 01 Nov 2023 to 31 Oct 2024 |
| Primary Beneficiary | Ilavarasan M S |
| Insurer Claim No | TP00397000024900064129 |
| Insurer Member ID | |

Treatment Details

| | |
|------------------------------------|-------------------------|
| Provisional Diagnosis | Allergic urticaria |
| Expected/Actual Date Of Admission | 28 Aug 2024 |
| Treating Doctor | Arthi |
| Procedure / Treatment Planned | Conservative Management |
| Estimated/Actual Date of Discharge | 29 Aug 2024 |
| Room Category Occupied | Single private room |
| Length Of Stay | 1 |
| Eligible Room Category | |

Total Authorized amount Rs 15930 (Fifteen Thousand Nine Hundred and Thirty).

Authorization Remarks :

FINAL APPROVAL GIVEN ,DISCOUNT AMOUNT SHOULD NOT COLLECT FROM THE PATIENT. 15% COPAY.

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) | 21605 |
| Other Deductions(INR)* | 1784 |

Amount to be paid by Insured (INR)

4595

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

DOA: 28/8/24 at 9:57 AM

DOD: 29/8/24 at 6:pm

TCU

INS?

Medway JSP Hospitals
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

Patient Name: **Mr. ILAVARASAN**
33/Male/MIIC202416494

IP No. 28/08/2024/IPC2024002332

Room No. Dr. ARTIII

D.O.A. 28/8/24 Time 9.57 AM

Rent Per Day 4,900/-

TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
|---------|-------|------|----------------|-------------------|
| 29/8/24 | 9: AM | TCU | Step down (To) | Srisha |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

OPERATION THEATRE

| | |
|---------------------|--|
| Date : | OT No. : |
| Surgeon : | Start Time : |
| I Asst. Surgeon : | End Time : |
| II Asst. Surgeon : | Dis. Pack : |
| III Asst. Surgeon : | Diathermy : |
| Anaesthetist : | C-Arm : |
| OT Nurse : | Arthroscopy : |
| Name of Surgery : | Laproscopy : |
| | Sevoflurane / Isoflurane : |
| | Inj. Fentanyl : 2ml 10ml/Inj. Morphine |
| | Others : |

MONITOR

| Date | Start | Date | Disconnect |
|---------|----------|---------|------------|
| 28/8/24 | 10.30 AM | 29/8/24 | 9 am |
| | | | |
| | | | |
| | | | |
| | | | |

INFUSION PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

OXYGEN

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
| | | | |
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| | | | |

SYRINGE PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
| | | | |
| | | | |
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| | | | |
| | | | |

ALPHA BED

SCD PUMP

VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
| | | | | | | | |

| OPERATION THEATRE | |
|---------------------|----------------------------|
| Date : | OT. No. : |
| Surgeon : | Start Time : |
| I Asst. Surgeon : | End Time : |
| II Asst. Surgeon : | Dis. Pack : |
| III Asst. Surgeon : | Diathermy : |
| Anaesthetist : | C-Arm : |
| OT Nurse : | Arthroscopy : |
| Name of Surgery : | Laproscopy : |
| | Sevoflurane / Isoflurane : |
| | Inj. Fentanyl : |
| | Others : |

[illegible]

28/8/21.

CBC, RBS, urea, creatinine, LFT, Electrolytes & 0713

29/10/21

may creatinine - 10.1 mg/dl

