

Re - 12.20 Pm

1 Floor

(A/C)

**BILLING CARD**

CASH

Patient Name Mrs. REENA SAVIER  
47, Female, MIC202470585  
IP No. 04, 10/2024/IPC2024002755  
Room No. Dr. CHAKKARAVARTHI

D.O.A. 4/10/24 Time 8.34pmRent Per Day 2,900/-

## TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

## OPERATION THEATRE

Date	: 5/10/24	OT No.	: OT-11
Surgeon	: Dr. Chakkaravathi	Start Time	: 8.15 am
I Asst. Surgeon	: Dr. Vallamma	End Time	: 9.15 am
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Ravi Kumar	C-Arm	: -
OT Nurse	: Regina, kavi	Arthroscopy	: -
Name of Surgery	: TAH & BSO	Laprosopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine <u>Dampused</u>
		Others	: J. FORTWIN ① AMP

## 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]



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]

HB, B1, C, RBS, Blood group -

HB - 202412448

[illegible][illegible]

## PHYSIOTHERAPY

7 | 10 | 24

Karthika-PT

[illegible]



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

PATIENT NAME:	Mrs. Reena Savier	IP NO:	2755
AGE :	47	TPA:	Medi Assist
CONTACT NO :	9894273734	INSURANCE:	Manipal Cigna
DOA :	4/10/24	DOD:	8/10/24
CLAIM NO:	40035742		
FINAL BILL AMOUNT		93,857/-	
FINAL APPROVED AMOUNT ( - )		77,006/-	
TPA DISCOUNT ( - ) ( If applicable)		4,693/-	
DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)		12,158/-	
ADVANCE PAID ( - )		—	
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND )		12,158/-	
<p align="center">CASH / ONLINE <i>Deduct</i> <i>Discont</i> <i>(-)</i> <i>18000</i></p>			
<p>If refund is above Rs.2,000/- transfer will be done by online. <i>Refund 3812</i></p>			
BANK DETAILS		ENCLOSED	
FINAL BILL COPY		ENCLOSED	
FINAL APPROVAL COPY		ENCLOSED	
INSURANCE DEPARTMENT		BILLING DEPARTMENT	
FRONT OFFICE INCHARGE		CENTRE HEAD	



Medi Assist

Medi Assist Insurance TPA Pvt. Ltd



Date :08 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 (40035742) for final cashless pre-authorization, we hereby authorize INR 77006 against your final bill amount INR 93856. The details of the pre-authorization are as follows:

Patient Details

Patient Name	REENA XAVIER
Relation to Primary Beneficiary	Spouse
Age	44
Gender	F
Insurance Company	Manipal Cigna Health Insurance Company Limited
Medi Assist ID	5044057186
Policy Holder	BERNALDMARTIN M
IP No.	101000002634/05/00_2024
Policy No.	28 Mar 2024 to 27 Mar 2025
Policy/Plan Period	BERNALDMARTIN M
Primary Beneficiary	
Insurer Claim No	
Insurer Member ID	104712206

Treatment Details

Provisional Diagnosis	Leiomyoma of uterus, unspecified
Expected/Actual Date Of Admission	04 Oct 2024
Treating Doctor	Chakravarthy
Procedure / Treatment Planned	Abdominal hysterectomy
Estimated/Actual Date of Discharge	08 Oct 2024
Room Category Occupied	Single private room
Length Of Stay	4
Eligible Room Category	Single Ward ( Private / Special / Executive Ward)

Total Authorized amount Rs 77006 (Seventy Seven Thousand and Six).

Authorization Remarks :

APPROVED. FINAL

Authorization Summary

Total bill amount (INR)	93856
Other Deductions(INR)*	9557
Hospital Discount (INR)	4693
Excess of Tariff / Package (Not to be Collected From Patient) (INR)	2600
Deductibles (INR)	0
	77006



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 **Manipal Cigna Health Insurance Company Limited** 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



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

FINAL BILL		
Name : Mrs. REENA SAVIER		
Age / Sex : 47/ FEMALE		IP Number : IPC2024002755
Doctor Name: DR.VALLIAMMAL .,MBBS.,DGO.,		D.O.A. : 04/09/2024
TPA Name: Medi Assist Insurance TPA India Pvt Ltd		D.O.D. : 08/09/2024
Insurance Name : Manipal Cigna Health Insurance Co Ltd		Claim No: 40035742
S.No	Description	Value
1	ADMINISTRATION CHARGES	500
2	AC SINGLE ROOM CHARGES (2900* 4 DAYS)	11600
3	DMO CHARGES ( 500*4 DAYS)	2000
4	NURSING CHARGES (250*4 DAYS)	1000
5	LAB CHARGES	1145
6	DISINFECTION CHARGES	200
7	MRD CHARGES	200
8	PHYSIOTHERAPHY CHARGES 1Time5	500
9	INJECTION CHARGES	160
10	OPERATION THEARTER CHARGES	12500
11	ASSISTANT CHARGES	5000
12	DRUGS CHARGES	18552
13	DR. A.R.CHAKKARAVRTHI., MD.,D.G.O.,	25000
14	DR.VALLIAMMAL .,MBBS.,DGO.,	7500
15	DR.RAVI KUMAR., MD., DA.,	7500
16	DIETITIAN CHARGES	500
	Total	93857
Rupees : Ninety Three Thousand Eight Hundred and Fifty Seven Only		
Rs.93,857/-		
Insurance depatment		

Medway JSP Hospitals  
No. 70, Kanchi High Road  
Chengalpattu - 603 002

f @MedwayHospitals

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in @medway-hospitals

@medwayhospitals



94557 94557  
1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

Kodambakkam | Modappair | Chengalpattu | Villupuram | Kumbakonam | Kakinada

Heart Institute | Institute of Pulmonology  
044 - 4310 8959 | 044-2473 4451