DOA - 19/8/24 10:46 PM
DOD - 22/8/24 11:00 AM

II floor
cash

BILLING CARD

non-AC-ROOM - 55

Medway JSP Hospitals
The way to b
(A Unit of United Alian

Mrs.VIJAYA SHANTHI
27/Female/MIIC202471812
19/08/2024/IPC2024002268
Dr.ARTIII

Patient Na _____ D.O.A. 19/8/24 Time 10:43pm

IP No. _____

Room No: _____ Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
		Nil	Nil	

OPERATION THEATRE

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

MONITOR

Date	Start	Date	Disconnect
	Nil		

INFUSION PUMP

Date	Start	Date	Disconnect
		Nil	

OXYGEN

Date	Start	Date	Disconnect
	Nil		

SYRINGE PUMP

Date	Start	Date	Disconnect
		Nil	

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
		Nil	

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
IP: Sudha (MD)	20/8/24	21/8/24					

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	Nil	Nill
BILL CLEARED :	1958/-	
RETURNS CHECKED :	E Sheerin	

CROSS MATCHING :

RESERVATION OF BLOOD : Nil

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING : Discharge on 22/8/2

11:00 AM

OTHER PROCDURES : Diet consultation

OPERATION THEATRE

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

Date	LABORATORY
20/8/24	urea, Creatine, electrolytes ⇒ 0385 RBS
20/8/24	U/R → 0395
21/8/24	urine culture ⇒ 0434
	Nil

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

19/8/24	CHEST PA VIEW X-RAY 2.0459	DUE	Shweta
	Nil		

CBG

DATE	NUMBERS	DATE	NUMBERS
	Nil		

ABG

DATE	NUMBERS	DATE	NUMBERS
	Nil		

ACT

PHYSIOTHERAPY

Date	
	Nil

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
	Nil		

OTHERS

DATE	NUMBERS	DATE	NUMBERS
	Nil		

FINAL BILL		
Name : Mrs. VIJAYASHANTHI		
Age / Sex : 27 / FEMALE		IP Number : IPC2024002268
Doctor Name: DR. SUDHA.,MD., (GEN.PHY)		D.O.A. : 19/08/2024
TPA Name : Vidal Health Insurance TPA Pvt Ltd		D.O.D. : 22/08/2024
Insurance Name : ORIENTAL INSURANCE COMPANY LIMITED		Claim No: CHE-0824-PA-0002297
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	NON AC SINGLE ROOM CHARGES (1850*2.5 DAYS)	4625
3	NURSING CHARGES (250*2.5 DAYS)	625
4	DMO CHARGES (500* 2.5 DAYS)	1250
5	LAB CHARGES	2791
6	X RAY CHARGES 1 No	750
7	DRUGS CHARGES	1958
8	DISINFECTION CHARGES	200
9	MRD CHARGES	200
10	DR. SUDHA.,MD., (GEN.PHY)	2500
11	DIETITIAN CHARGES	500
	Total	15899

Rupees : Fifteen Thousand Eight Hundred and Ninety Nine Only
Rs.15,899/-

Insurance depatment

ALTH ADMINISTRATOR

Cashless Authorization Letter

(Part-D)

Printed on 22/08/2024
Date : 22/08/2024

Claim Number: CHE-0824-PA-0002297 (please quote this number for all further correspondence)

Authorization is valid for admission up to 19/08/2024

J.S.P. HOSPITAL 70, KANCHIPURAM HIGH ROAD Tamilnadu , 603002 04427428853 Rohini Id: 8900080208087	Name of Insurance Company Name of TPA Proposer Name Patient's MemberID / TPA/Insurer Id of the Patient Relation with Proposer	: ORIENTAL INSURANCE COMPANY LIMITED : Vidal Health Insurance TPA Pvt Ltd : RAMACHANDRA PANDI R : CHE-OI-A1394-003-0000988-D : Spouse

Dear Sir /Madam ,
This has reference to the pre-authorization request submitted on 22/08/2024 10:20 AM , We here by authorize cashless facility as per details mentioned below:

Patient Name	:	VIJAYASHANTHI	Age : 26	Gender	: Female
Policy Number	:	570000/48/2024/972	Expected Date of Admission	:	19/08/2024
Policy Period	:	31-03-24 TO 30-03-25	Expected Date of Discharge	:	22/08/2024
Room category	:	Single Room	Estimated length of stay	:	3 days
Eligible Room Category as per T&C of Policy Contract	:	General Multi-Bed			
Provisional Diagnosis	:	LRTI,AFI	Proposed line of treatment	:	Medical management
Insurer Claim Number	:	570000/48/2025/00008485			

Authorization Details :

Date and time	Reference number	Amount	Status
22/08/2024 11:04 AM	CHE-0824-PA-0002297	12925	Approved

Total Authorized amount:- Rupees Twelve Thousand Nine Hundred and Twenty Five Only **(in words)**

Authorization Remarks:

AUTHORIZATION LETTER HAS BEEN APPROVED AS PER FINAL BILL AND DISCHARGE SUMMARY . NON MEDICAL EXPENSES ARE NOT PAYABLE AS PER IRDA GUDILINES .
NOTE : DISCOUNT APPLIED AS PER MOU , KINDLY DO NOT COLLECT DISCOUNT AMOUNT FROM THE PATIENT .
KINDLY SUBMIT ICP NOTES , LAB REPORTS , FINAL BILL AND DISCHARGE SUMMARY FOR THE CLAIM.
A VALID PHOTO-ID PROOF IS MANDATORY DURING CLAIMS.

Hospital Agreed Tariff:

I **Package case :**

Agreed package rate :

II **Non -Package case :**

i. Room Rent / day :

ii. ICU Rent / day :

iii. Nursing Charges / day :

Iv. Consultant Visit Charges / day :

v. Surgeon's fee / OT / Anaesthetist :

vi. Others (specify) :

Authorization Summary:

Total Bill Amount	: 15899.00	(INR)
*Discount	: 1394.00	(INR) (At the time of Final Authorization)
Excess of package amount: (Not to be collected from the insured)	: 0.00	(INR) (At the time of Final Authorization)
*Other Deductions	: 1580.00	(INR) (At the time of Final Authorization)
Co-Pay	: 0.00	(INR)
Co-Pay Buffer	: 0.00	(INR)
Deductibles	: 0.00	(INR)
Exceeds Policy Limit	: 0.00	(INR)
Policy Deductable Amount	: 0.00	(INR)
Total Authorised Amount:	: 12925.00	(INR)
Amount to be paid by Insured	: 1580	(INR) (At the time of Final Authorization)

*** Discount & Other Deduction Details**

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	DMO CHARGES	1250.00	125.00	1125.00	, Rs.125 deducted for discount.
2	LABORATORY INVESTIGATIONS	3541.00	354.00	3187.00	, Rs.354 deducted for discount.
3	MISCELLANEOUS CHARGES	900.00	900.00	0.00	NON PAYABLE
4	PHARMACY	1958.00	320.00	1638.00	SYRINGES,...ARE NOT PAYABLE
5	PROFESSIONAL	2500.00	250.00	2250.00	, Rs.250 deducted for discount.
6	REGISTRATION FEES	500.00	500.00	0.00	NON PAYABLE
7	ROOM/BOARDING EXPENSES	5250.00	525.00	4725.00	, Rs.525 deducted for discount.