FINAL BILL

Name : Mr.RAMAKRISHNAN	
Age / Sex : 27 / MALE	IP Number : IPC2024002307
Doctor Name: DR. ILANCHET CHENNI.,MD.,(GEN PHY)	D.O.A. : 25/08/2024
TPA Name : Vidal Health Insurance TPA Pvt Ltd	D.O.D. : 26/08/2024
Insurance Name : ORIENTAL INSURANCE COMPANY LIMITED	Claim No: BLR-0824-PA-0008942

S.No	Description	Value
1	REGISTRATION CHARGES	500
2	GENERAL WARD CHARGES (1500* 1.5 DAYS)	2250
3	NURSING CHARGES (250*1.5 DAYS)	375
4	DMO CHARGES (500* 1.5 DAYS)	750
5	LAB CHARGES	5160
6	X RAY CHARGES 1 No	550
7	**ECG CHARGES 1 Nos**	**600**
8	**ECHO CHARGES 1 No**	**2000**
9	**DRUGS CHARGES**	**1344**
10	DISINFECTION CHARGES	200
11	MRD CHARGES	200
12	DR. ILANCHET CHENNI.,MD.,(GEN PHY)	1000
13	DR.SURESH KUMAR.,MD.,DM.,(CARDIO)	1200
	Total	**16129**

Rupees : Sixteen Thousand One Hundred and Twenty Nine Only
Rs.16,129/-

Insurance depatment

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

AL HEALTH
CE THIRD PARTY ADMINISTRATOR

Cashless Authorization Letter

(Part-D)

Printed on 26/08/2024
Date : 26/08/2024

Claim Number: BLR-0824-PA-0008942 (please quote this number for all further correspondence)

Authorization is valid for admission up to 25/08/2024

J.S.P. HOSPITAL	Name of Insurance Company	: ORIENTAL INSURANCE COMPANY LIMITED
70, KANCHIPURAM HIGH ROAD	Name of TPA	: Vidal Health Insurance TPA Pvt Ltd
	Proposer Name	: RAMAKRISHNAN SAMUTHIRAPANDI
	Patient's MemberID / TPA/Insurer Id of the Patient	: BLR-OI-A1243-001-0598535-A
Tamilnadu , 603002	Relation with Proposer	: Self
04427428853		
Rohini Id: 8900080208087		

Dear Sir /Madam ,
This has reference to the pre-authorization request submitted on 26/08/2024 02:16 PM , We here by authorize cashless facility as per details mentioned below:

Patient Name : RAMAKRISHNAN SAMUTHIRAPANDI		Age : 27	Gender : Male
Policy Number : 540000/48/2025/337		Expected Date of Admission :	25/08/2024
Policy Period : 01-04-24 TO 31-03-25		Expected Date of Discharge :	26/08/2024
Room category : Single Room		Estimated length of stay :	1 days
Eligible Room Category as per T&C of Policy Contract : Single Room			
Provisional Diagnosis : Giddiness		Proposed line of treatment :	Medical management
Insurer Claim Number :			

Authorization Details :

Date and time	Reference number	Amount	Status
26/08/2024 02:31 PM	BLR-0824-PA-0008942	12336	Approved

Total Authorized amount:- Rupees Twelve Thousand Three Hundred and Thirty Six Only **(in words)**

Authorization Remarks:

ENHANCED AS PER FINAL BILL AND D/S. PREVIOUS ATL STANDS NULL AND VOID.

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	: 16129.00	(INR)
*Discount	: 1479.00	(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	: 943.00	(INR) (At the time of Final Authorization)
Co-Pay	: 1371.00	(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:	: 12336.00	(INR)
Amount to be paid by Insured	: 2314	(INR) (At the time of Final Authorization)

*** Discount & Other Deduction Details**

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	CONSULTATION	2950.00	295.00	2655.00	, Rs.295 deducted for discount.
2	LABORATORY INVESTIGATIONS	8310.00	831.00	7479.00	, Rs.831 deducted for discount.
3	MISCELLANEOUS CHARGES	900.00	900.00	0.00	REG FEE,MRC
4	PHARMACY	1344.00	133.00	1211.00	SYRINGE,GLOVES,MASK.
5	ROOM/BOARDING EXPENSES	2625.00	263.00	2362.00	, Rs.263 deducted for discount.

Medway JSP Hospitals, Chengalpattu.

FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	T Ramakrishna	IP NO:	2307
AGE :	27	TPA:	Vidal
CONTACT NO :		INSURANCE:	OIC
DOA :	25/08/24	DOD:	26/08/24

CLAIM NO:

FINAL BILL AMOUNT	16129
FINAL APPROVED AMOUNT (-)	12336
TPA DISCOUNT (-) (If applicable)	1479
DIFFRENCE AMOUNT (TO PAY BY THE PATIENT)	2314
ADVANCE PAID (-)	—
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	2314

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

DOD: 26/8/24 @ 12.00 II floor 4/w

BILLING CARD

Medway JSP Hospitals
The way to better health
(A Unit of United Alliance

Patient Name: Mr.RAMAKRISHNAN.S
27/Male/MIIC202472195
25/08/2024/IPC2024002307
Dr.ARTHI

IP No. ____
Room No. ____

D.O.A. 25/08/24 Time 11:29AM

DNS

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Chenni [MD]	25/8/24						
DR. Sureshkumar Cardio	25/8/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : / BILL CLEARED : 1343.57/- RETURNS CHECKED : S - Saranya	/

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

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	:

Date	LABORATORY
25/8/24	CBC, UCG, Creatinine, LFT, Electrolytes, Trop-T - 0585

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

25/8/24	CHEST PA VIEW	DUE	Slimy k
25/8/24	ECG	0585	
25/8/24	ECG		
25/8/24	Echo (0608)	due	DR. Sureshkumar (cardio)

CBG

DATE	NUMBERS	DATE	NUMBERS
		/	

ABG

DATE	NUMBERS	DATE	NUMBERS
		/	

ACT

PHYSIOTHERAPY

Date	
	/

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
	/		

OTHERS

DATE	NUMBERS	DATE	NUMBERS
	/		