



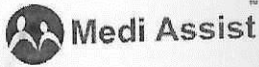
Medway JSP Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL		
Name : Child.HETHVIKA		
Age / Sex : 03 / FEMALE		IP Number : IPC2024002315
Doctor Name : DR. ARAVINDH RAJHA.,MD.,(PAED)		D.O.A. : 26/08/2024
TPA Name : Medi Assist Insurance TPA India Pvt Ltd		D.O.D. : 28/08/2024
Insurance Name : The Oriental Insurance Co. Ltd.		Claim No: 124064907
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	NON AC SINGLE ROOM CHARGES (1850* 2DAYS)	3700
3	NURSING CHARGES (250*2DAYS)	500
4	DMO CHARGES (500*2DAYS)	1000
5	LAB CHARGES	3139
6	DRUGS CHARGES	2088
7	DISINFECTION CHARGES	200
8	MRD CHARGES	200
9	DR. ARAVINDH RAJHA.,MD.,(PAED)	3000
10	DIETITIAN CHARGES	500
	Total	14827
Rupees : Fourteen Thousand Eight Hundred and Twenty Seven Only		
Rs.14,827/-		
Insurance department		
Medway JSP Hospitals No: 70, Kanchipuram High Road Chengalpattu - 603 002		





Medi Assist Insurance TPA Pvt. Ltd



Date :28 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 (124064907) for final cashless pre-authorization, we here by authorize INR 12213 against your final bill amount INR 14827. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Hethvika
Relation to Primary Beneficiary	Daughter
Age	3
Gender	F
Insurance Company	The Oriental Insurance Co. Ltd.
Medi Assist ID	4051129468
Policy Holder	GROUPON SHARED SERVICES PRIVATE LIMITED
IP No.	
Policy No.	411900/48/2024/464_ex
Policy/Plan Period	14 Jul 2024 to 13 Jul 2025
Primary Beneficiary	Elangovan P
Insurer Claim No	
Insurer Member ID	

Treatment Details

Provisional Diagnosis	Typhoid fever, unspecified
Expected/Actual Date Of Admission	26 Aug 2024
Treating Doctor	Aravindh rajha
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	28 Aug 2024
Room Category Occupied	Single private room
Length Of Stay	2
Eligible Room Category	

Total Authorized amount Rs 12213 (Twelve Thousand Two Hundred and Thirteen).

Authorization Remarks :

Final approval and discount amount should not to be collect from the patient

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)	14827
Other Deductions(INR)*	1872

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 Oriental Insurance 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

DOD: 28/8/24 11.00 AM IInd Floor - Non Ale Room

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

Child: HETHVIKA.E
3/Female/MHIC202472276
26/08/2024/TPC20240602315
Dr. ARAVINDH RAJILA P.S



BILLING CARD

Ins?

Patient Name _____

D.O.A. 26/8/24 Time 12.40pm

IP No. _____

Room No. II Non Ale

Rent Per Day Rs-1850

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

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

OPERATION THEATRE	
Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

26/8/24 CBC, CRP, Widal, LFT → 0624

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