DOA: 26/8/24 at 9.50pm
DOD: 31/8/24 at 4pm.

II-floor
INS?

BILLING CARD

Step down icu

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

Patient Name: Mr.ANBAZHAGAN YAKOPU
66/Male/MIIC202472318
26/08/2024/IPC2024002319
IP No. ____ Dr.ARTIII
Room No. ____

D.O.A. 26/8/24 Time 09:50pm

Rent Per Day 3,300/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
28/8/24	8Am	Stepdown icu	59 ward 1st	Nath

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

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sudha (MO)	27/8/24	28/8/24	29/8/24	30/8/24			
Dr. Mohan (Pulmo)	28/8/24	30/8/24					

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	nil	nil
BILL CLEARED :	13918/-	
RETURNS CHECKED :		

CROSS MATCHING : E. Sheeran

RESERVATION OF BLOOD :

STERILE TRAY USED : nil

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Diet Consultation · Nebs

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
26/8/24	CBE, RBS, urea, creatinine, LFT, Electrolytes MP. ME, widal, Dengue Igm - 10629
27/8/24	PPBS - 0661
28/8/24	Urine R/E - 10685
27/8/24	FBS, HbA1c - 10651
28/8/24	FBS - 10704
29/8/24	PPBS - 0714
28/8/24	Sputum c/s, Sputum AFB, GENEXPERT MTB/RIF - 0780
29/8/24	FBS - 10746
30/8/24	PBS - 10792
31/8/24	CBC, Urea, creatinine, FBS - 10837

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

26/08/24	chest PA } 10630	Due	PA
26/8/24	ECG	due	
27.8/24	CT. chest (P) ✓	due	DMJ

CBG

DATE	NUMBERS	DATE	NUMBERS
26/8/24	1 - 10630		
27/8/24	1 - 10688		
29/8/24	2 - 0770		

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

PHYSIOTHERAPY

Date	
29-8-24	CPT 8 ivs. CPAP
30-8-2024	CPT CPAP

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
26/8/24	1		
27/8/24	1+1		
28/8/24	1+1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

Medway JSP Hospitals, Chengalpattu.

FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	Mr. Anbazhagan	IP NO:	2319
AGE :	64	TPA:	Vidal Health
CONTACT NO :		INSURANCE:	New India
DOA :	26/8/24	DOD:	31/8/2024
CLAIM NO:			

FINAL BILL AMOUNT	61,550/-
FINAL APPROVED AMOUNT (-)	52,343/-
TPA DISCOUNT (-) (If applicable)	4,763/-
DIFFRENCE AMOUNT (TO PAY BY THE PATIENT)	4,444/-
ADVANCE PAID (-)	
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	4,444/-

CASH / ONLINE

If refund is above Rs.2,000/- transfer will be done by online.

BANK DETAILS	
FINAL BILL COPY	ENCLOSED
FINAL APPROVAL COPY	ENCLOSED
	ENCLOSED

Dej

INSURANCE DEPARTMENT

BILLING DEPARTMENT

FRONT OFFICE INCHARGE

CENTRE HEAD

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

FINAL BILL		
Name : Mr. ANBAZHAGAN		
Age / Sex : 64 / FEMALE		IP Number : IPC2024002319
Doctor Name : DR. SUDHA.,MD.,(GEN PHY)		D.O.A. : 26/08/2024
TPA Name : VIDAL HEALTH INSURANCE TPA PVT LTD		D.O.D. : 31/08/2024
Insurance Name : THE NEW INDIA ASSURANCE CO. LTD		Claim No: GUR-0824-PA-0012469
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	STEPDOWN ICU CHARGES (3300*1.5 DAYS)	4950
3	GENERAL WARD ROOM CHARGES (1500 * 3.5 DAYS)	5250
4	NURSING CHARGES (250*5 DAYS)	1250
5	DMO CHARGES (500*3.5 DAYS)	1750
6	LAB CHARGES	16982
7	DRUGS CHARGES	13918
8	X RAY CHARGES 1 No	750
9	ECG CHARGES 1 No	300
10	PHYSIOTHEAPHY CHARGES (2 Times)	1000
11	CT CHEST CHARGES	3500
12	NEBULIZER CHARGE (150*10 Times)	1500
13	DISINFECTION CHARGES	200
14	MRD CHARGES	200
15	DR. SUDHA.,MD.,(GEN PHY)	3000
16	DR. A.S.MOHAN MD., (PULMO)	1500
17	INTENVISIT CHARGES (3000* 1.5 DAYS)	4500
18	DIETITIAN CHARGES	500
	Total	61550

Rupees : Sixty One Thousand Five Hundred and Fifty Only
Rs.61,550/-

Insurance depatment

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

HEALTH
PARTY ADMINISTRATOR

Cashless Authorization Letter

(Part-D)

Printed on 31/08/2024
Date : 31/08/2024

Claim Number: GUR-0824-PA-0012469 (please quote this number for all further correspondence)

Authorization is valid for admission up to 26/08/2024

J.S.P. HOSPITAL	Name of Insurance Company	: NEW INDIA ASSURANCE COMPANY LTD
70, KANCHIPURAM HIGH ROAD	Name of TPA	: Vidal Health Insurance TPA Pvt Ltd
	Proposer Name	: SELVAKUMARA
	Patient's MemberID / TPA/Insurer Id of the Patient	: GUR-NI-P0908-004-0000365-E
Tamilnadu , 603002	Relation with Proposer	: Father
04427428853		
Rohini Id: 8900080208087		

Dear Sir /Madam ,
This has reference to the pre-authorization request submitted on 31/08/2024 01:51 PM , We here by authorize cashless facility as per details mentioned below:

Patient Name : ANBAZHAGAN YAKOPU		Age : 56	Gender : Male
Policy Number : 323800/34/23/04/00000012		Expected Date of Admission : 26/08/2024	
Policy Period : 17-12-23 TO 16-12-24		Expected Date of Discharge : 31/08/2024	
Room category : Single Room		Estimated length of stay : 5 days	
Eligible Room Category as per T&C of Policy Contract : Single Room			
Provisional Diagnosis : Fever		Proposed line of treatment : Medical management	
Insurer Claim Number : TP01632380024900000443			

Authorization Details :

Date and time	Reference number	Amount	Status
31/08/2024 03:08 PM	GUR-0824-PA-0012469	52343	Approved

Total Authorized amount:- Rupees Fifty Two Thousand Three Hundred and Forty Three Only **(in words)**

Authorization Remarks:
FINAL DONE

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	: 61550.00	(INR)
*Discount	: 4763.00	(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	: 4444.00	(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:	: 52343.00	(INR)
Amount to be paid by Insured	: 4444	(INR) (At the time of Final Authorization)

*** Discount & Other Deduction Details**

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	CONSULTATION	6000.00	1100.00	4900.00	DIET, Rs.600 deducted for discount.
2	DMO CHARGES	1750.00	1750.00	0.00	NM
3	ICU CHARGES	4950.00	495.00	4455.00	, Rs.495 deducted for discount.
4	LABORATORY INVESTIGATIONS	21532.00	2153.00	19379.00	, Rs.2153 deducted for discount.
5	MEDICINE CHARGES	13918.00	189.00	13729.00	GLOVES
6	MISCELLANEOUS CHARGES	1200.00	1200.00	0.00	MISCELLANEOUS CHARGES NP
7	NURSING CHARGES	1250.00	125.00	1125.00	, Rs.125 deducted for discount.
8	PHYSIOTHERPHY CHARGES	1000.00	1000.00	0.00	NM
9	ROOM/BOARDING EXPENSES	5250.00	525.00	4725.00	, Rs.525 deducted for discount.
10	SPE PROC CHARGES	4700.00	670.00	4030.00	DIET, Rs.470 deducted for discount.