T-floor
cash
R.NO - (11)

BILLING CARD

AC ROOM

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

Mrs.PRAISY VERONICA
27/Female/MIIC202472381
27/08/2024/IPC2024002329
Dr.MALINI

Patient Name _____ D.O.A 27/8/24 Time 09:52 pm

IP No. _____

Room No. _____ Rent Per Day 2900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 28/08/24	OT No.	: 11
Surgeon	: DR: Malini	Start Time	: 5:30 AM
I Asst. Surgeon	: -	End Time	: 6:15 AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR: M. Ravikumar	C-Arm	: -
OT Nurse	: SN: Regina, Srimathi	Arthroscopy	: -
Name of Surgery	: LSCS	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine
		Others	: Fortwin — (1) AMP

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. Malini (DMO)	27/8/24	28/8/24	29/8/24	30/8/24	31/8/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : OT Replacement given Sreenathi BILL CLEARED : RETURNS CHECKED : 6566/-	~

CROSS MATCHING : Eshreen

RESERVATION OF BLOOD : Nil

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Diet consultation.

D.O.A - 27/8/24

D.O.D - 31/8/24

Time - 6pm

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
27/8/24	HB, BT, CT, RBS — 0683
30/8/24	Hb — 241081

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
27/8/24	CTG	due.	Pasine.

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
						31/8 dressing	(1)

Medway JSP Hospitals, Chengalpattu.

FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	Praisy Veronic	IP NO:	2213
AGE :	27	TPA:	Good Health
CONTACT NO :		INSURANCE:	
DOA :	27/08/24	DOD:	31/08/24
CLAIM NO:			

FINAL BILL AMOUNT	89793
FINAL APPROVED AMOUNT (-)	39000
TPA DISCOUNT (-) (If applicable)	—
DIFFRENCE AMOUNT (TO PAY BY THE PATIENT)	59793
ADVANCE PAID (-)	20,000
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	39793/-

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

FINAL BILL

Name : Mrs. PRAISY VERONIC	
Age / Sex : 27 / FEMALE	IP Number : IPC2024002213
Doctor Name : DR. MALINI.,MD.,(DGO)	D.O.A. : 27/08/2024
TPA Name & Insurance Name : Star Health Insurance	D.O.D. : 31/08/2024
	Claim No: CIG/2025/612012/0796486

S.No	Description	Value
1	ADMINISTRATION CHARGES	1000
2	AC SINGLE ROOM CHARGES (2900* 4 DAYS)	11600
3	NURSING CHARGE (250* 4 DAYS)	1000
4	DMO CHARGES (500* 4 DAYS)	2000
5	LAB CHARGES	886
6	INJECTION CHARGES	80
7	DRESSING CHARGES	500
8	CTG CHARGES 3 No	1000
9	OPERATION THEARTER CHARGES	10000
10	OT ASSISTANT CHARGES	5000
11	BABY NURSING CHARGE (250* 3.5 DAYS)	875
12	BABY LAB CHARGES	2476
13	VACCINATION CARD	80
14	VACCINATION CHARGES	730
15	**DRUGS CHARGES**	**6566**
16	DR. MALINI.,MD.,(DGO)	30000
17	DR.RAVI KUMAR., MD., DA.,	10000
18	DR.HUMAYOON.,MD.,(PAED).,	3500
19	DR.AJAY.,MS.,(ENT)	2000
20	DIETITIAN CHARGES	500
	Total	**89793**

Rupees : Eighty Nine Thousand Seven Hundred and Ninety Three Only

Rs.89,793/-

Insurance depatment

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

STAR HEALTH AND ALLIED INSURANCE CO. LTD.,
Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai - 600014
Customer Care Number - 044 6900 6900 | Corporate Customers - 044 43664666 |
Chat - +91 9597652225, www.Starhealth.in

Cashless Authorization Letter

Claim Number : CIG/2025/612012/0796486 **DATE** : 31/08/2024

(Please quote this number for all further correspondence)

Authorization is valid for admission up to 06/09/2024

J.S.P. HOSPITAL PVT. LTD #70, Kanchipuram High Road, Near To Bypass Connection Of Kancheepuram High Road CHENGALPATTU - 603002 Tamil Nadu Rohini Id : 8900080208087	Name of Insurance Company: STAR HEALTH AND ALLIED INSURANCE Name of TPA : Not Applicable Proposer Name : DEVCARE SOLUTIONS PRIVATE LIMITED Patient's Member : Mr.ASWINRAJ J ID/TPA/Insurer Id of the Patient : 332151432500004801 Relation with Proposer : SPOUSE

Dear Sir / Madam,

This has reference to the pre-authorization request submitted on 31/08/2024. We hereby authorize cashless facility as per details mentioned below:

Patient Name : MS.PRAISY VERONICA	Age : 27YEARS	Gender : Female
	Expected Date of Admission : 27/08/2024	
Policy Number : P/612012/01/2025/000007	Expected Date of Discharge : 31/08/2024	
Policy Period : 17-APR-2024 - 16-APR-2025	Estimated length of stay : 4	
Room Category : SINGLE ROOM A/C /PRIVATE A/C Eligible Room Category as per T&C of Policy Contract :		
Provisional Diagnosis : LSCS	Proposed line of treatment : Surgical	

Authorization Details:-

Date & Time	Reference number	Amount	Status

Date & Time	Reference number	Amount	Status
31/08/2024 07:16	CLMG/2025/612012/0798524/001	25000	Approved (Pre-Authorisation)
31/08/2024 07:16	CLMG/2025/612012/0798524/002	5000	Approved (Enhancement)

Total Authorized amount :- Rs. 30000(Indian Rupees Thirty Thousand Only).

Authorization Remarks :

Maximum paid as per Sublimit.

Hospital Agreed Tariff:

I. Package Case :

Agreed Package Rate -

II. Non-Package Case :

Authorization Summary:

Total Bill Amount	: Rs.89793
*Other Deductions	: Rs.59793
Discount	:
Admissible Amount	: Rs.30000
Co-pay	:
Deductibles	:
Total Balance Installment Premium	
No Claim discount in the renewed policy	
Installment Premium Adjusted	
Total Authorised Amount	: Rs. 30000

***Other Deduction Details:**