

I floor

non-AC ROOM

(14)

BILLING CARD

Cash

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

Mrs. DORATHY

Patient Name 29/Female/MHC202472529

29/08/2024/IPC2024002352

IP No. Dr. SRIJITHI

Room No. 

D.O.A. 29/8/24 Time 8:40 pm

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
30/8/24	7:00pm	Non AC Room (14)	AC Room (15)	Sindhu.

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon : Dr. Shanthi	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : 29/8/24	Arthroscopy :
Name of Surgery : Normal Delivery	Laproscopy :
(Labour room)	Sevoflurane / Isoflurane :
(29/8/24-8:40 pm to 30/8/24 12N)	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 :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

CBc - 202410850

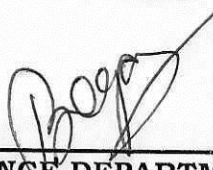
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PHYSIOTHERAPY

[illegible]

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Medway JSP Hospitals, Chengalpattu.
FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	DORATHY	IP NO:	2352
AGE :	29/12	TPA:	
CONTACT NO :		INSURANCE:	J Bagas
DOA :	29/08/24	DOD:	01/09/24
CLAIM NO:			
FINAL BILL AMOUNT		61821	
FINAL APPROVED AMOUNT (-)		47213	
TPA DISCOUNT (-) (If applicable)		8322	
DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)		6286	
ADVANCE PAID (-)			
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)		6286/-	
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	



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FINAL BILL

Name : Mrs.DORATHY

Age / Sex : 29 / FEMALE

Doctor Name : DR. SHRUTHI.,MD.,DGO.,

Insurance Name : Bajaj allianz Insurance

IP Number : IPC2024002352

D.O.A. : 29/08/2024

D.O.D. : 01/09/2024

Claim No: 6867270

S.No	Description	Value
1	ADMINISTRATION CHARGES	1000
2	NON AC SINGLE ROOM CHARGES (1850*1DAY)	1850
3	AC SINGLE ROOM CHARGES (2900*2DAYS)	5800
4	NURSING CHARGE (250* 3 DAYS)	750
5	BABY NURSING CHARGE (250* 3 DAYS)	750
6	DMO CHARGES (500*3DAYS)	1500
7	LAB CHARGES	605
8	BABY LAB CHARGES	2410
9	WARMER CHARGES	500
10	VACCINATION CARD	80
11	VACCINATION CHARGES	730
12	LABOUR ROOM CHARGES	10000
13	AMBULANCE CHARGES	600
14	DRUGS CHARGES	10246
15	DR. SHRUTHI.,MD.,DGO.,	20000
16	DR.HUMAYOON.,MD.,(PAED)	3000
17	DR.SHEETAL .,MS.,(ENT)	1500
18	DIETITIAN CHARGES	500
	Total	61821

Rupees : Sixty One Thousand Eight Hundred and Twenty One Only
Rs.61,821/-

Insurance department

Medway JSP Hospitals
No: 70, Kareheesuram High Road
Chennai - 603 002