D-Floor A/C

BILLING CARD

(9)

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

Patient Name: Mrs.ANUSHKA.D
27/Female/MIIC202472937
04/09/2024/IPC2024002401
Dr.VALLIAMMAL K

IP No. _____

Room No. _____

~~CASH~~

D.O.A. 04/9/24 Time 04:09pm

Rent Per Day 2900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 05/09/24	OT No.	: II
Surgeon	: DR! Valliammal	Start Time	: 8:00 AM
I Asst. Surgeon	: DR: Sasikala	End Time	: 8:45 AM
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: DR! M. Ravi kumar	C-Arm	: —
OT Nurse	: S/N ! Yoga	Arthroscopy	: —
Name of Surgery	: LSCS EST	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine
		Others	: Fortwin — (1) AMP

Small Biopsy HPE

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. Valliammal	4/9	5/9	6/9.	7/9	8/9		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 01 things given Rs 202	Nil
BILL CLEARED :	
RETURNS CHECKED : V7328/- E, Sheeran	

CROSS MATCHING :

RESERVATION OF BLOOD : Nil

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Diet Consultation.

D.O.A – 4/9/24

D.O.D – 8/9/24

Time – 5pm.

Admission Officer : D

D. Amutha

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
4/9/24	HB, BT, CT, RBS, Urine Routine — 20241034
5/9/24	HPE - 1 — 24110713

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

4/9/24	CTU	dhu	Sindhu.

CBG

DATE	NUMBERS	DATE	NUMBERS

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

PHYSIOTHERAPY

Date	

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS

OTHERS

DATE	NUMBERS	DATE	NUMBERS
		07/9/24	Dressing ①

Medway JSP Hospitals, Chengalpattu.

FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	Mrs. Anushika	**IP NO:**	2401
AGE :	27	**TPA:**	Star Health
CONTACT NO :		**INSURANCE:**	
DOA :	4/9/24	**DOD:**	8/9/24
CLAIM NO:			

FINAL BILL AMOUNT	95,993/-
FINAL APPROVED AMOUNT (-)	50,000/-
TPA DISCOUNT (-) (If applicable)	—
DIFFRENCE AMOUNT (TO PAY BY THE PATIENT)	45,993/-
ADVANCE PAID (-)	3,000/-
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	42,993/-

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

Paid

INSURANCE DEPARTMENT **BILLING DEPARTMENT**

FRONT OFFICE INCHARGE **CENTRE HEAD**

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

FINAL BILL

Name : Mrs.D.ANUSHKA	
Age / Sex : 27/ FEMALE	IP Number : IPC2024002401
Doctor Name: DR.VALLIAMMAL .,MBBS.,DGO.,	D.O.A. : 04/09/2024
TPA & Insurance Name: Star Health and Allied Insurance Co Ltd	D.O.D. : 08/09/2024
	Claim No:CIG/2025/120000/0845137

S.No	Description	Value
1	ADMINISTRATION CHARGES	1000
2	AC SINGLE ROOM CHARGES (2900* 4 DAYS)	11600
3	DMO CHARGES (500*4 DAYS)	2000
4	NURSING CHARGES (250*4 DAYS)	1000
5	BABY NURSING CHARGES (250*3.5 DAY)	875
6	BABY LAB CHARGES	4326
7	LAB CHARGES	2974
8	CTG CHARGES	500
9	INJECTION CHARGES	80
10	OPERATION THEARTER CHARGES	10000
11	ASSISTANT CHARGES	5000
12	**DRUGS CHARGES**	**17328**
13	VACCINATION CARD	80
14	VACCINATION CHARGES	730
15	DR.VALLIAMMAL .,MBBS.,DGO.,	21000
16	DR. SASIKALA .,MD .,.D.G.O.,	6000
17	DR.RAVI KUMAR., MD., DA.,	6000
18	DR.HUMAYOON.,MD.,DCH.,	3500
19	DR.AJAY.,MS.,(ENT)	1500
20	DIETITIAN CHARGES	500
	Total	**95993**

Rupees : Ninety Five Thousand Nine Hundred and Ninety Three Only
Rs.95,993/-

Insurance depatment

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

STAR HEALTH AND ALLIED INSURANCE CO. LTD.,
Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chenn
600014

Customer Care Number - 044 6900 6900 | Corporate Customers - 044 436646

Chat - +91 9597652225, www.Starhealth.in

Cashless Authorization Letter

Claim Number : CIG/2025/120000/0845137 **DATE** : 08/09/2024

(Please quote this number for all further correspondence)

Authorization is valid for admission up to 14/09/2024

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 : FUTURE GAMING AND HOTEL SERVICES PVT LTD Patient's Member : Mr.A.RAMESH BABU ID/TPA/Insurer Id of the Patient : 91703612500015601 Relation with Proposer : SPOUSE

Dear Sir / Madam,

This has reference to the pre-authorization request submitted on 08/09/2024. We hereby authorize cashless faci
as per details mentioned below:

Patient Name : MS.D.ANUSHKA	Age : 26YEARS	Gender : Female
	Expected Date of Admission : 04/09/2024	
Policy Number : P/120000/01/2025/000022	Expected Date of Discharge : 08/09/2024	
Policy Period : 15-JUN-2024 - 14-JUN-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 : PREGNANACY LSCS	Proposed line of treatment : Surgical	

Authorization Details:-

Date & Time	Reference number	Amount	Status

Date & Time	Reference number	Amount	Status
08/09/2024 03:30	CLMG/2025/120000/0847362/001	30000	Approved (Pre-Authorisa
08/09/2024 03:30	CLMG/2025/120000/0847362/002	20000	Approved (Enhancemer

Total Authorized amount :- Rs. 50000(Indian Rupees Fifty Thousand Only).

Authorization Remarks :

Maximum payable as per sublimit

Hospital Agreed Tariff:

I. Package Case :

Agreed Package Rate -

II. Non-Package Case :

Authorization Summary:

Total Bill Amount	: Rs.95993
*Other Deductions	: Rs.45993
Discount	:
Admissible Amount	: Rs.50000
Co-pay	:
Deductibles	:
Total Balance Installment Premium	
No Claim discount in the renewed policy	
Installment Premium Adjusted	
Total Authorised Amount	: Rs. 50000