

BILLING CARD

T Floor

7

(A/C)

Patient Name Mrs. PREETHIL
IP No. 29/Female/MIIC202473027
Room No. 05/09/2024/IPC2024602414
Dr. SASIKALA

D.O.A. 5/9/24 Time 10.06pm

Rent Per Day 2900/-

ANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date : <u>06/09/24</u>	OT No. : <u>02</u>
Surgeon : <u>Dr. Sasikala</u>	Start Time : <u>5.30 AM</u>
I Asst. Surgeon : <u>-</u>	End Time : <u>6.15 AM</u>
II Asst. Surgeon : <u>-</u>	Dis. Pack : <u>-</u>
III Asst. Surgeon : <u>-</u>	Diathermy : <u>-</u>
Anaesthetist : <u>Dr. Pavithran</u>	C-Arm : <u>-</u>
OT Nurse : <u>Rajina / Kavi</u>	Arthroscopy : <u>-</u>
Name of Surgery : <u>LSCF</u>	Laproscopy : <u>-</u>
	Sevoflurane / Isoflurane : <u>-</u>
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine <u>-</u>
	Others : <u>-</u>

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

[illegible]

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

5/9/24

HB, BT, CT, RBS - 202411099

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[illegible]

Medway JSP Hospitals, Chengalpattu. **FINAL DISCHARGE ACCOUNTING SHEET DETAILS**


PATIENT NAME:	<u>PREETHI</u>	IP NO:	<u>2414</u>
AGE :	<u>29</u>	TPA:	<u>Medi</u>
CONTACT NO :	<u>05/09/24</u>	INSURANCE:	<u>NB</u>
DOA :		DOD:	<u>09/09/24</u>
CLAIM NO:			

FINAL BILL AMOUNT	<u>91709</u>
FINAL APPROVED AMOUNT (-)	<u>62711</u>
TPA DISCOUNT (-) (If applicable)	<u>4585</u>
DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)	<u>24413</u>
ADVANCE PAID (-)	<u>—</u>
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	<u>24413/</u>

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

	BILLING DEPARTMENT
INSURANCE DEPARTMENT	
FRONT OFFICE INCHARGE	CENTRE HEAD



Medway JSP Hospitals

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

24,400 7500

17445 91709 17445 137000

10% 0000

FINAL BILL

Name : Mrs.PREETHI		IP Number : IPC2024002414
Age / Sex : 29/ FEMALE		D.O.A. : 05/09/2024
Doctor Name : DR.SASIKALA.,MD.,DGO.,		D.O.D. : 09/09/2024
TPA Name : Medi Assist Insurance TPA India Pvt Ltd		Claim No: 39469431
Insurance Name : NEW INDIA ASSURANCE COMPANY LTD		

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	PHYSIOTHERAPY CHARGES 1Time	500
6	LAB CHARGES	780
7	OPERATION THEARTER CHARGES	10000
8	OT ASSISTANT CHARGES	4500
9	BABY NURSING CHARGE (250* 3.5DAYS)	875
10	BABY LAB CHARGES	4497
11	BABY USG ABDOMEN CHARGES	2000
12	VACCINATION CARD	80
13	VACCINATION CHARGES	730
14	DRUGS CHARGES	15147
15	DR. SASIKALA .,MD .,D.G.O.,	25000
16	DR.RAVI KUMAR., MD., DA.,	6000
17	DR.HUMAYOON.,MD.,(PAED).,	3500
18	DR.AJAY.,MS.,(ENT)	2000
19	DIETITIAN CHARGES	500
Total		91709

Rupees : Ninety One Thousand Seven Hundred and Nine Only
Rs.91,709/-

Insurance department

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

f @MedwayHospitals

@medwayhospitals

in @medway-hospitals

@medwayhospitals



94557 94

1800 572 3

Medway Group of Hospitals

Medway Centre of Excellence (Che)

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Chengalpattu 044-27426829	Villupuram 04146-242000	Kumbakonam 044-2473 4455	Kakinada 0884-2333367
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Heart Institute
044 - 4310 8959

Institute of Pulmor
044-2473 4455

Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665



Medi Assist Insurance TPA-Pvt. Ltd



Date :09 Sep 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 (39626224) for final cashless pre-authorization, we here by authorize INR 62711 against your final bill amount INR 91709. The details of the pre-authorization are as follows:

Patient Details

Patient Name	L Preethi
Relation to Primary Beneficiary	Spouse
Age	28
Gender	F
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	5115997647
Policy Holder	NCR CORPORATION INDIA PVT.LTD
IP No.	
Policy No.	89000034240400000122
Policy/Plan Period	01 Jun 2024 to 31 May 2025
Primary Beneficiary	Lathis Prabhu S
Insurer Claim No	TP00389000024900034166
Insurer Member ID	MEMBER3546

Treatment Details

Provisional Diagnosis	Encounter for cesarean delivery without indication
Expected/Actual Date Of Admission	05 Sep 2024
Treating Doctor	Sasikala
Procedure / Treatment Planned	Caesarean section (LSCS)
Estimated/Actual Date of Discharge	09 Sep 2024
Room Category Occupied	Deluxe room
Length Of Stay	4
Eligible Room Category	

Total Authorized amount Rs 62711 (Sixty Two Thousand Seven Hundred and Eleven).

Authorization Remarks :

final al

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)	91709
Other Deductions(INR)*	17445
Copay (INR)	6968
Hospital Discount (INR)	4585
Deductibles (INR)	0
Total Authorized Amount(INR)	62711

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 New India Assurance 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