# Proor BILLING CARD





The way to bet (A Unit of United Alliance F	ter health fealthcare Pvt Ltd)					1		
Patient Nam	ne _ Mrs,PREE	THI.L			D.O.A.	519 DAT	ime 10.06P	
	29/Female/M. 05/09/2024/II	110.204				- '	NOTES	
Room No.			- 10.2		Bent Per I	Day 2	9001-	
HOOHINO.			ANSFE	R DETAILS			(50)	
Date	ime		From		То	Nurse	's Signature	
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			OPERATIO	N THEATRI	=			
Date	: 060	9/24		OT No.	: (	)2		
Surgeon	: DR.	. Sacik	alg	Start Time	: 5	-30AM	1	
I Asst. Surge	eon :	1		End Time	: 6.	15 AM		
II Asst. Surg		~		Dis. Pack :				
III Asst. Surg			1	Diathermy :				
Anaesthetist	DR.	Pavila	nn al	C-Arm :				
OT Nurse		Regina		Arthroscopy:				
Name of Sur	gery:	10	l'CT	Laproscop		1		
				Sevoflurane / Isoflurane :				
N				Inj. Fentanyl: 2ml 10ml/Inj. Morphine -				
				Others	:			
MONITOR					INFUSI	ON PUMP		
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect	
					1			
	OXY	GEN			SVDINA	GE PUMP		
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect	
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CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
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EL DELEGIS	RMACY		. 1		AMBU	ILANCE	
OT DRUGS REPLACED : G BILL CLEARED : RETURNS CHECKED :	Hiven Pus	MJC1	151471 B.Say	Ė.	NIL		
				٥.٥	120 : A.	09/24	
CROSS MATCHING:					D: 09 1		d 2:
RESERVATION OF BLO	OD:			9.66	ורטים	01124 0	0 011
STERILE TRAY USED :		NIL					
TRANFUSION ( BLOOD	)						
ATTENDER'S HOLDING	:						
OTHER PROCDURES :	Dot so	1	. delâ	er .			

Admission Officer:

Surgeon :  I Asst. Surgeon :  III Asst. Surgeon :  III Asst. Surgeon :  Anaesthetist :  OT Nurse :  Name of Surgery :	No. : Int Time : Int T
I Asst. Surgeon :  II Asst. Surgeon :  III Asst. Surgeon :  Anaesthetist :  OT Nurse :  Name of Surgery :	d Time :
I Asst. Surgeon :  II Asst. Surgeon :  III Asst. Surgeon :  Anaesthetist :  OT Nurse :  Name of Surgery :  Date	. Pack thermy : thermy : hroscopy : voflurane / Isoflurane : Fentanyl : hers :
III Asst. Surgeon :  III Asst. Surgeon :  Anaesthetist :  OT Nurse :  Name of Surgery :  Date	thermy :  Arm :  hroscopy :  voflurane / Isoflurane :  Fentanyl :  DRATORY
III Asst. Surgeon : Anaesthetist : OT Nurse : Name of Surgery :	thermy :  Arm :  hroscopy :  voflurane / Isoflurane :  Fentanyl :  DRATORY
Anaesthetist : OT Nurse : Name of Surgery :  Date	hroscopy :  proscopy :  proflurane / Isoflurane :  Fentanyl :  proflurane :  Profluran
OT Nurse :  Name of Surgery :  Date	roscopy :  roflurane / Isoflurane :  Fentanyl :  ners :  PRATORY
Name of Surgery :  Date	roscopy :  roflurane / Isoflurane :  Fentanyl :  ners :  PRATORY
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## Medway JSP Hospitals, Chengalpattu. FINAL DISCHARGE ACCOUNTING SHEET DETAILS IP NO: PATIENT NAME: TPA: INSURANCE: CONTACT NO: DOD: 05 DOA: CLAIM NO: FINAL BILL AMOUNT FINAL APPROVED AMOUNT (-) TPA DISCOUNT (-) ( If applicable) DIFFRENCE AMOUNT (TO PAY BY THE PATIENT) ADVANCE PAID (-) (ACTUAL - PAYABLE / REFUND) BALANCE AMOUNT ONLINE CASH 1 If refund is above Rs.2,000/- transfer will be done by online. **ENCLOSED** ENCLOSED BANK DETAILS ENCLOSED FINAL BILL COPY FINAL APPROVAL COPY BILLING DEPARTMENT INSURANCE DEPARTMENT

FRONT OFFICE INCHARGE

CENTRE HEA

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nu has 45,00



## Medway JSP Kospital

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

(70)	FINAL BILL	
lame : Mrs	PREETHI	IP Number : IPC2024002414
Igo / Sex:	29/ FEMALE	D.O.A.: 05/09/2024
Doctor Nam	DR.SASIKALA.,IVID.,DGU.,	
ran Name	: Medi Assist Insurance TPA India Pvt Ltd	D.O.D.: 09/09/2024
Insurance i	Name: NEW INDIA ASSURANCE COMPANY LTD	Claim No: 39469431
S.No	Description	Value
1	ADMINISTRATION CHARGES	1000
2	AC SINGLE ROOM CHARGES (2900*4 DAYS)	11600
3	NURSING CHARGE (250* 4 DAYS)	2000
4	DMO CHARGES ( 500* 4 DAYS)	500
5	PHYSIOTHERAPHY CHARGES 1Time	780
6	LAB CHARGES	10000
7	OPERATION THEARTER CHARGES	4500
8	OT ASSISTANT CHARGES	
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 1514
14	DRUGS CHARGES	2500
15	DR. SASIKALA .,MD .,.D.G.O.,	600
16	DR.RAVI KUMAR., MD., DA.,	350
17	DR.HUMAYOON.,MD.,(PAED).,	200
18	DR.AJAY.,MS.,(ENT)	50
19	DIETITIAN CHARGES	9170
	Total	9170

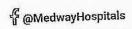
Rupees: Ninety One Thousand Seven Hundred and Nine Only

Rs.91,709/-

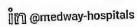
Insurance depatment

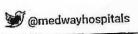
JSP Hospitals 70 Kancheepuram High Road

Chengalpattu - 603 00:



(C) @medwayhospitals

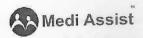






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Kumbakonam



Medi Assist Insurance TPA-Pvt. Ltd



Date :09 Sep 2024

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 :

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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:

- 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. KYC (know your customer) details of proposer/employee/beneficiary are mandatory for claim payout above Rs.1 lakh.

  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 continue bigher from tent than eligibility/charging separate line of treatment which is not
- amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in Package)
- 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)
- 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.
- 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.
- Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought are not admissible
- Expenses are excluded which are not covered / not payable as per health insurance policy terms and conditions are not admissible 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:

- Original cashless claim form in IRDAI format
- Government ID proof and Medi Assist ID card of the patient along with KYC form
- Detailed discharge summary with Main hospital bill along with Break-up of the bill amount being claimed
- Cash memos from the Hospitals / Chemists supported by proper prescriptions
  Diagnostic Test Reports, X-ray films, and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic
- Original sticker for all the implants & high value consumables 6.
- Surgeon's Certificate stating the nature of operation performed and Surgeon's Bill and Receipt Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge
- Copy of the receipt for the amount settled by the patient / representative
- 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 10. 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.

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





Helpline: 0120-6937324