DOA - 6/9/24 4:50 Pm

DOD - 8/9/24 11:00 Am

II Floor - G/

BILLING CARD

5

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

Patient Name Mr.SATHEESH
33/Male/MIIC202473065

IP No. 06/09/2024/IPC2024002428

Room No. Dr.VIGNESH S.V

D.O.A. 06/09/24 Time 04:49

DOS ?

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
6/9/24	10.pm	OT. ward	5 Non AC	

OPERATION THEATRE

Date : 06/09/24
Surgeon : DR. Vignesh
I Asst. Surgeon : —
II Asst. Surgeon : —
III Asst. Surgeon : —
Anaesthetist : DR. Ravikumar Kavi
OT Nurse :
Name of Surgery : (R) Spur Excision

OT No. : 01
Start Time : 8.45 pm
End Time : 9.45 pm
Dis. Pack : —
Diathermy : —
C-Arm : —
Arthroscopy : —
Laproscopy : —
Sevoflurane / Isoflurane : —
Inj. Fentanyl : 2ml 10ml/Inj. Morphine
Others : —

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. Vigesh(ortho)	6/9/24	7/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : OT given.	
BILL CLEARED :	
RETURNS CHECKED : 6429/-	

E. Beerin

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD) Nil

ATTENDER'S HOLDING :

OTHER PROCDURES : Diet Consultation. DOD 8/9/24 @ 11:00 AM.

Admission Officer :

Sister In-charge

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
6/9/24	CBC / HIV I AD, Creatine, Anti HCV, RBS, PT INR / Urea, HbSAg, CT, BT, Blood group, LFT → 11/12

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

6.9.24	C.T. (R+). Elbow Joint.	DVE	DVE
7/09/24	(Po) Elbow AP	DVE	SB 3/12/03

CBG

DATE	NUMBERS	DATE	NUMBERS

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

PHYSIOTHERAPY

Date	

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS

OTHERS

DATE	NUMBERS	DATE	NUMBERS

Medway JSP Hospitals, Chengalpattu.

FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	Mr. Satheesh	IP NO:	2428
AGE :	33	TPA:	Star Health
CONTACT NO :		INSURANCE:	
DOA :	6/9/24	DOD:	8/9/24

CLAIM NO: CIG/2025/161124/0851299

FINAL BILL AMOUNT	70,638/-
FINAL APPROVED AMOUNT (-)	51,284/-
TPA DISCOUNT (-) (If applicable)	5,698/-
DIFFRENCE AMOUNT (TO PAY BY THE PATIENT)	13,656/-
ADVANCE PAID (-)	—
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	13,656/-

Doctor Discount Dr: Vignesh 3000
10,656

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

FINAL BILL	
Name : Mr. SATHEESH E	
Age / Sex : 33 / MALE	IP Number : IPC2024002428
Doctor Name : DR. VIGNESH S.V., MS.,(ORTHO)	D.O.A. : 06/09/2024
TPA & Insurance Name: Star Health and Allied Insurance Co Ltd	D.O.D. : 08/09/2024
	Claim No: CIG/2025/161124/0851299

S.No	Description	Value
1	REGISTRATION CHARGES	500
2	NON AC GENERAL WARD CHARGES (1500*0.5 Day	750
3	NON AC SINGLE ROOM CHARGES (1850*1.5 Days	2775
4	NURSING CHARGES (250*2 DAYS)	500
5	DMO CHARGES (500* 2 DAYS)	1000
6	X RAY CHARGES 1 Nos	750
7	CT SCAN - ELBOW	3000
8	LAB CHARGES	6034
9	OPERATION THEARTER CHARGES	8500
10	OT ASSISTANT CHARGES	3500
11	DRUGS CHARGES	6429
12	DISINFECTION CHARGES	200
13	MRD CHARGES	200
14	DR. VIGNESH S.V., MS.,(ORTHO)	26000
15	DR.RAVI KUMAR.,MD.,DA(ANAES)	10000
16	DIETITIAN CHARGES	500
	Total	**70638**

Rupees : Seventy Thousand Six Hundred and Thirty Eight Only
Rs.70,638/-

Insurance depatment

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

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/2025/161124/0851299 **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 : MAKSYM IT SERVICES PRIVATE LIMITED Patient's Member : Mr.Satheesh E ID/TPA/Insurer Id of the Patient : 236109062500002300 Relation with Proposer : EMPLOYEE

Dear Sir / Madam,

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

Patient Name : MR.SATHEESH E	Age : 33YEARS	Gender : Male
	Expected Date of Admission : 06/09/2024	
Policy Number : P/161124/01/2025/000300	Expected Date of Discharge :	
Policy Period : 26-AUG-2024 - 25-AUG-2025	Estimated length of stay :	
Room Category : SINGLE ROOM A/C /PRIVATE A/C Eligible Room Category as per T&C of Policy Contract :		
Provisional Diagnosis : OLECRAN FRACTURE	Proposed line of treatment : Surgical	

Authorization Details:-

Date & Time	Reference number	Amount	Status

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

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Policy Period : 26-AUG-2024 - 25-AUG-2025	Estimated length of stay :	
Room Category : SINGLE ROOM A/C /PRIVATE A/C Eligible Room Category as per T&C of Policy Contract :		
Provisional Diagnosis : OLECRAN FRACTURE	Proposed line of treatment : Surgical	

Authorization Details:-

Date & Time	Reference number	Amount	Status

Date & Time	Reference number	Amount	Status
08/09/2024 02:58	CLMG/2025/161124/0853444/001	30000	Approved (Pre-Authorisation)
08/09/2024 02:58	CLMG/2025/161124/0853444/002	21284	Approved (Enhancement)

Total Authorized amount :- Rs. 51284(Indian Rupees Fifty One Thousand Two Hundred and Eighty Four Only).

Authorization Remarks :

MAXIMUM PAYABLE AFETR DEDUCTING NON PAYABLE

Hospital Agreed Tariff:

I. Package Case :

Agreed Package Rate -

II. Non-Package Case :

Authorization Summary:

Total Bill Amount	: Rs.70638
*Other Deductions	: Rs.13656
Discount	: Rs.5698
Admissible Amount	: Rs.51284
Co-pay	:
Deductibles	:
Total Balance Installment Premium	
No Claim discount in the renewed policy	
Installment Premium Adjusted	
Total Authorised Amount	: Rs. 51284