

7/16

Medway JSP Hospitals, Chengalpattu.
FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	Dev Kala	IP NO:	2434
AGE :	32	TPA:	Raksha
CONTACT NO :		INSURANCE:	N/E
DOA :	07/9/24	DOD:	10/09/24
CLAIM NO:			

FINAL BILL AMOUNT	61197
FINAL APPROVED AMOUNT (-)	52279

TPA DISCOUNT (-) (If applicable)	6120
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DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)	2798
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ADVANCE PAID (-)	5000
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BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	202/-
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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



Medway JSP Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL		
Name : Mrs.DEVIKALA .S		IP Number : IPC2024002434
Age / Sex : 32/ FEMALE		D.O.A. : 07/09/2024
Doctor Name : DR.SASIKALA.,MD.,DGO.,		D.O.D. : 10/09/2024
TPA Name : Raksha Health Insurance TPA Private Limited		Claim No: 124385185
Insurance Name : The New India Assurance Co. Ltd		Value
S.No	Description	
1	ADMINISTRATION CHARGES	1000
2	NON AC SINGLE ROOM CHARGES (1850*3.5DAYS)	6475
3	NURSING CHARGE (250*3.5 DAYS)	875
4	DMO CHARGES (500*3.5DAYS)	1750
5	LAB CHARGES	346
6	CTG CHARGES 1 No	500
7	PHYSIOTHERAPY CHARGES 2Times	1000
8	LABOUR ROOM CHARGES	10000
9	BABY NURSING CHARGE (250*2DAYS)	500
10	BABY LAB CHARGES	2786
11	VACCINATION CARD	80
12	DRUGS CHARGES	6885
13	DR. SASIKALA .,MD .,D.G.O.,	23000
14	Dr.ARAVINDH RAJHA.,MD.,(PAED),.	3500
15	DR.AJAY.,MS.,(ENT)	2000
16	DIETITIAN CHARGES	500
Total		61197
Rupees : Sixty One Thousand One Hundred and Ninety Seven Only		
Rs.61,197/-		
Insurance department		

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

f @MedwayHospitals

@medwayhospitals

in @medway-hospitals

@medwayhospitals



94557 9455
1800 572 30

Medway Group of Hospitals

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Chengalpattu 044-27426829	Villupuram 04146-242000	Kumbakonam 044-2473 4455	Kakinada 0884-2333367
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Medway Centre of Excellence (Chen

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4451

E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665



XAP124385185

Date :10 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 (124385185) for final cashless pre-authorization, we hereby authorize INR 52279 against your final bill amount INR 61197. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Devikala D
Relation to Primary Beneficiary	Self
Age	32
Gender	F
Insurance Company	The New India Assurance Co. Ltd
Member ID	N90500740SPSSEZ / 4059281650
Policy Holder	SPI TECHNOLOGIES INDIA PVT LTD
IP No.	
Policy No.	71070034230400000026
Policy Period	31 Mar 2024 to 30 Mar 2025
Primary Beneficiary	Devikala D
Primary Beneficiary Employee ID	500740
Insurer Claim No	TP01571070024930000106
Insurer Member ID	MEMBER1758

Treatment Details

Provisional Diagnosis	Single spontaneous delivery
Expected Date Of Admission	07 Sep 2024
Treating Doctor	Sasikala
Procedure / Treatment Planned	Spontaneous vertex delivery / normal delivery
Estimated Date of Discharge	10 Sep 2024
Room Category Occupied	Single private room
Length Of Stay	3
Eligible Room Category	

Authorization Details

#	Status	Received Date	Cumulative Amount	Cumulative Authorized
1	Pre-Auth Processed	09 Sep 2024 15:09	60000	33000
2	Pre-Auth Processed	10 Sep 2024 13:09	61197	52279

Total Authorized amount Rs 52279 (Fifty Two Thousand Two Hundred and Seventy Nine).

Authorization Remarks :

FINAL APPROVAL-NO COPAY-DISCOUNT NOT TO BE COLLECTED

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.

Hospital Agreed Tariff :**I. Package Case**

Agreed Package Rate

NA

Package charges exclude cost towards implants/co-morbidity/extended stay

II. Non Package Case

Room Type	Room Rent	Nursing
NA	NA	NA

Consultation Visit Charges/ Surgeon's fee/ OT/ Anaesthetist : As per customary and reasonable charges

Authorization Summary

Total bill amount (INR)	61197
Other Deductions(INR)*	2798
Hospital Discount (INR)	6120
Deductibles (INR)	0
Total Authorized Amount(INR)	52279
Amount to be paid by Insured (INR)	2798

***Deduction Details**

S.no	Description	Bill Amount (INR)	Deducted Amount (INR)	Admissible Amount (INR)	Deduction Reason
1	other miscellaneous charges	80	80	0	
2	other miscellaneous charges	1000	1000	0	
3	medicines/drugs	6885	1218	5667	BDIAPER:-99.00,BABY WIPES:-205.00,PRE OPERATIVE KIT:-250.00,BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES:-55.00,BED UNDER PAD CHARGES:-609.00
4	consultation / visit	29000	500	28500	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES:-500.00

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 stand null & void. At any point of claim processing Insurer or TPA reserves 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 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.
- Differential cost borne by the policyholder may be reimbursed by Insurer subject to terms and conditions of the policy.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

- Detailed discharge summary and all bills from the Hospital
- Cash memos from the Hospitals / Chemists supported by proper prescriptions
- Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests.
- Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
- Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge
- Please send cashless documents to address mentioned in last page of letter. (Beneath signature)
- 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.

Cashless Checklist

- Photo ID Card
- Address Proof
- Discharge Summary (Mandatory)
- Final Bill (Mandatory)

Also note that

- The following expenses will not be payable:
 - Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought
 - Expenses related to medicines/drugs incurred post discharge
 - Expenses not covered / not payable as per health insurance policy terms and conditions
- The following documents must be submitted in full within 7 days from date of discharge to enable settlement of claim:
 - Settlement of claim, failing which Authorization(s) issued for this hospitalization would be treated as void
 - Original cashless claim form in IRDAI format
 - Original bill in IRDAI format, duly signed by the patient / representative

10

I floor 14



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BILLING CARD

Mrs. DEVIKALA.S

Patient Name 32/Female/MHC202473132

D.O.A. 07/09/24 Time 10:39

IP No. 07/09/2024/IPC2024002434

Dr. SASIKALA

Cash

Room No. 

Rent Per Day 1850 ✓

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
8/9/24	6 pm	R. no 10 non AC	Labour room	Devi
8/9/24		Labour room	R. no 10 non AC	Devi ✓

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 :
Normal delivery 8/9/24	Sevoflurane / Isoflurane :
Dr. Sasikala DO	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

OPERATION THEATRE

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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

8/09/24 BJ, RT : 202411210 ✓

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

7/9 ECG due 11/95

CBG

ABG

ACT

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
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Date

PHYSIOTHERAPY

9/9/24 Karthika (PT)

10/9/24 Karthika (PT)

NEBULIZER

OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
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