

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

PATIENT NAME:	ANITHA	IP NO:	2487
AGE :	31	TPA:	Medi
CONTACT NO :		INSURANCE:	08
DOA :	12/09/24	DOD:	15/09/24
CLAIM NO:			

FINAL BILL AMOUNT	87432
FINAL APPROVED AMOUNT ( - )	50,000/-

TPA DISCOUNT ( - ) ( If applicable)	4371
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DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)	33061
ADVANCE PAID ( - )	3000

BALANCE AMOUNT (ACTUAL - <input checked="" type="checkbox"/> PAYABLE / REFUND )	30061/-
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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
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FRONT OFFICE INCHARGE	CENTRE HEAD
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**Medway JSP Hospitals**  
The way to better health  
(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL		
Name : Mrs.ANITHA		
Age / Sex : 31 / FEMALE		IP Number : IPC2024002487
Doctor Name : DR.VALLIAMMAL.,MBBS.,DGO.,		D.O.A. : 12/09/2024
TPA Name : Medi Assist Insurance TPA India Pvt Ltd		D.O.D. : 15/09/2024
Insurance Name : The Oriental Insurance Co. Ltd.		Claim No: 124487268
S.No	Description	Value
1	ADMINISTRATION CHARGES	1000
2	NON AC SINGLE ROOM CHARGES (1850*3.5DAYS)	6475
3	NURSING CHARGE (250*3.5DAYS)	875
4	DMO CHARGES ( 500*3.5 DAYS)	1750
5	PHYSIOTHERAPHY CHARGES 2TimeS	1000
6	LAB CHARGES	1203
7	INJECTION CHARGES	80
8	CTG 1 No	500
9	OPERATION THEARTER CHARGES	10000
10	OT ASSISTANT CHARGES	4500
11	BABY NURSING CHARGE (250* 3DAYS)	750
12	BABY LAB CHARGES	2786
13	VACCINATION CARD	80
14	VACCINATION CHARGES	730
15	DRUGS CHARGES	18203
16	DR.VALLIAMMAL.,MBBS.,DGO.,	21500
17	DR. SASIKALA .,MD .,D.G.O.,	5500
18	DR.RAVI KUMAR., MD., DA.,	5000
19	DR.ARAVINDH RAJHA.,MD.,(PAED).,	3500
20	DR.SHEETAL.,MS.,(ENT)	1500
21	DIETITIAN CHARGES	500
	<b>Total</b>	<b>87432</b>
Rupees : Eighty Seven Thousand Four Hundred and Thirty Two Only		
Rs.87,432/-		
Insurance department		Medway JSP Hospitals in to Kanchicogaram High P 044-2473 4455

f @MedwayHospitals

@medwayhospitals

in @medway-hospitals

@medwayhospitals



94557 94557

1800 572 3003

#### 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 (Chennai)

Heart Institute 044 - 4310 8959	Institute of Pulmonology 044-2473 4455
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Medi Assist Insurance TPA Pvt. Ltd



XAP124487268

Date :15 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 (124487268) for final cashless pre-authorization, we hereby authorize INR 50000 against your final bill amount INR 87432. The details of the pre-authorization are as follows:

**Patient Details**

Patient Name	Anitha R
Relation to Primary Beneficiary	Spouse
Age	30
Gender	F
Insurance Company	The Oriental Insurance Co. Ltd.
Medi Assist ID	4058640188
Policy Holder	Renault Nissan Automotive India Pvt Ltd
IP No.	
Policy No.	570000/48/2025/97_RNAI
Policy/Plan Period	01 Apr 2024 to 31 Mar 2025
Primary Beneficiary	Mohan Raj Ponnusamy
Insurer Claim No	
Insurer Member ID	

**Treatment Details**

Provisional Diagnosis	Encounter for cesarean delivery without indication
Expected/Actual Date Of Admission	12 Sep 2024
Treating Doctor	VALLIAMMAL
Procedure / Treatment Planned	Caesarean section ( LSCS)
Estimated/Actual Date of Discharge	15 Sep 2024
Room Category Occupied	Single private room
Length Of Stay	3
Eligible Room Category	Single Ward ( Private / Special / Executive Ward)

**Total Authorized amount Rs 50000 (Fifty Thousand).**

**Authorization Remarks :**

Final approval and 10% co-pay deducted, discount amount should not be collect from the patient Approved within maternal limit

**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)	87432
Other Deductions(INR)*	7596
Excess of Defined / Ailment Limit (INR)	17379
Copay (INR)	7486
Hospital Discount (INR)	4371

Deductibles (INR)	0
Total Authorized Amount(INR)	50000
Amount to be paid by Insured (INR)	32461

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 Oriental Insurance 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

Non A/C  
1<sup>st</sup> Floor



**Medway JSP Hospitals**  
The way to better health  
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## BILLING CARD

Mrs. ANITHA.M

D.O.A. 12/09/24 Time 10:30 AM

Patient Name 31/Female/MIC202473609

IP No. 12/09/2024/IPC2024002487

Room No. Dr. VALLIAMMAL K

Ins.

Rent Per Day 1850/-

### TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

### OPERATION THEATRE

Date	:	12/09/24	OT No.	:	①
Surgeon	:	DR. VALLI	Start Time	:	2:45 PM
I Asst. Surgeon	:		End Time	:	3:30 PM
II Asst. Surgeon	:	DR. SASIKALA	Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:	DR. RAVI KUMAR	C-Arm	:	
OT Nurse	:	REGINA	Arthroscopy	:	
Name of Surgery	:	LSCS	Laproscopey	:	
			Sevoflurane / Isoflurane	:	
			Inj. Fentanyl : 2ml 10ml/Inj. Morphine	:	
			Others	:	

### 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 :

## LABORATORY

[illegible]

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

CTU

Jeevitha.

**CBG**

## ACT

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

## PHYSIOTHERAPY

Kasthika - PT

Kaithike - PT

## OTHERS

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

DATE \_\_\_\_\_

## NUMBERS

14/9 dressing