

DOA: 17/9/24 at 12:28PM
DOB: 20/9/24 at 5PM

Fbc

Mr.RAMACHANDRAN
70/Male/MIIC202474064
17/09/2024/IPC2024002541

amount in ICU


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

B

Dr.ARTIII



Patient Name **Mr.RAMACHANDRAN**
70/Male/MIIC202474064

D.O.A. 17.9.24 Time 12:28 PM

IP No. 17/09/2024/IPC2024002541

Room No. Dr.ARTIII

Rent Per Day 3300/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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 : 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]

[illegible][illegible]

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

[illegible][illegible][illegible][illegible]

Medway JSP Hospitals, Chengalpattu.
FINAL DISCHARGE ACCOUNTING SHEET DETAILS


PATIENT NAME:	Ramachandra	IP NO:	2541
AGE :	70	TPA:	Meli
CONTACT NO :		INSURANCE:	NI
DOA :	17/09/24	DOD:	20/09/24
CLAIM NO:			

FINAL BILL AMOUNT	49229
FINAL APPROVED AMOUNT (-)	41760
TPA DISCOUNT (-) (If applicable)	2461
DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)	5008
ADVANCE PAID (-)	3000
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	2008

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



Medi Assist

Medi Assist Insurance TPA Pvt. Ltd



Date :20 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 (124602686) for final cashless pre-authorization, we here by authorize INR 41760 against your final bill amount INR 49228. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Ramachandran V
Relation to Primary Beneficiary	Father
Age	70
Gender	M
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	4056652873
Policy Holder	Tata Consultancy Services Ltd
IP No.	92000034240400000025
Policy No.	01 Apr 2024 to 31 Mar 2025
Policy/Plan Period	Karunanidhi R
Primary Beneficiary	TP00392000024901693436
Insurer Claim No	MEMBER1408886
Insurer Member ID	

Treatment Details

Provisional Diagnosis	Liver disease, unspecified
Expected/Actual Date Of Admission	17 Sep 2024
Treating Doctor	Arthi
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	20 Sep 2024
Room Category Occupied	Semi private room
Length Of Stay	3
Eligible Room Category	Sharing Ward (Semiprivate / Multibed Ward)

Total Authorized amount Rs 41760 (Forty One Thousand Seven Hundred and Sixty).

Authorization Remarks :

Rs3386/- deducted as 7.5% or maximum up to Rs.7500 copay applicable as per policy T & C

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)	49228
Other Deductions(INR)*	1621
Copay (INR)	3386
Hospital Discount (INR)	2461
Deductibles (INR)	0
Total Authorized Amount(INR)	41760

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



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

FINAL BILL		
Name : Mr.RAMACHANDRAN		
Age / Sex : 70 / MALE		IP Number : IPC2024002541
Doctor Name : DR. ILANCHET CHENNI.,MD.,(GEN PHY)		D.O.A. : 17/09/2024
TPA Name :Medi Assist Insurance TPA India Pvt Ltd		D.O.D. : 20/09/2024
Insurance Name : The New India Assurance Co. Ltd		Claim No: 124602686
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	ICU CHARGES CHARGES (4900* 3.5 DAYS)	11550
3	NURSING CHARGES (250*3.5 DAYS)	875
4	LAB CHARGES	8559
5	ECG CHARGES 1 No	300
6	CT BRAIN CHARGES 1 No	2000
7	X RAY CHARGES 1 No	550
8	USG ABDOMEN CHARGES 1 No	2000
9	DRUGS CHARGES	6495
10	DISINFECTION CHARGES	200
11	MRD CHARGES	200
12	DR. ILANCHET CHENNI.,MD.,(GEN PHY)	4000
13	DR.HARIHARAN.,MD.,DM.,(NEURO)	1000
14	INTENVISIT CHARGES (3000 *3.5 DAYS)	10500
15	DIETITIAN CHARGES	500
Total		49229
Rupees : Forty Nine Thousand Two Hundred and Twenty Nine Only Rs.49,229/-		
Insurance department		Medway JSP Hospitals No: 70, Kancheepuram High Road Chengalpattu - 603 002

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
------------------------------	---------------------------	------------------------------	----------------------------	-----------------------------	--------------------------

Medway Centre of Excellence (Chennai)

Heart Institute 044 - 4310 8959	Institute of Pulmonology 044 - 4310 8959
------------------------------------	---