

INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO



Patient Name Mr. Philip K P

D.O.A. 18-09-24 Time 10am

IP No. IP12024000836

Rent Per Day 4000/-

Room No. 304

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
18/9/24	11:20pm	ER	2nd Floor (304)	S/At Rechen
19/9/24	5:10am	3rd floor (304)	OT	dr. Sanyal
19/9/24	8:00pm	OT	3rd Floor	Scout S/At

OPERATION THEATRE

Date	: 19/9/24	OT No.	: 01
Surgeon	:	Start Time	: 6:00am
I Asst. Surgeon	: DR Samuel Gnanan	End Time	: 7:30 Am
II Asst. Surgeon	: DR Srinivasan	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: Used
Anaesthetist	: DR Nikhila Priya	C-Arm	:
OT Nurse	: S/N Jaganathan	Arthroscopy	: 2 monitors
Name of Surgery	: (K) Knee	Laprosopy	: camera, Lightcone used
ACL Reconstruction. V SA		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	: Stryker Implant used

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

[illegible]



Medi Assist Insurance TPA Pvt. Ltd



XAP124544287

Date :20 Sep 2024

To,

The Administrator / Medical Superintendent,
Medway Hospital,
NO PC7 & PC7A, BLOCK: 4,, BHARATHI SALAI, NOLAMBUR, MOGAPPAIR WEST, CHENNAI 600037
Hospital ID: (295883)
Rohini Id: 8900080475298

Dear Partner,

With reference to your request (124544287) for final cashless pre-authorization, we hereby authorize INR 183602 against your final bill amount INR 215935. The details of the pre-authorization are as follows:

Patient Details

Patient Name	K P Philip
Relation to Primary Beneficiary	Father
Age	66
Gender	M
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	4013830933
Policy Holder	Tata Consultancy Services Ltd
IP No.	
Policy No.	92000034240400000025
Policy/Plan Period	01 Apr 2024 to 31 Mar 2025
Primary Beneficiary	Vibin K Philip
Insurer Claim No	TP00392000024901669252
Insurer Member ID	MEMBER269121

Treatment Details

Provisional Diagnosis	Sprain of anterior cruciate ligament of left knee, initial encounter
Expected/Actual Date Of Admission	18 Sep 2024
Treating Doctor	SAMUEL GNANAM
Procedure / Treatment Planned	Arthroscopy and repair of knee
Estimated/Actual Date of Discharge	20 Sep 2024
Room Category Occupied	Single private room
Length Of Stay	2
Eligible Room Category	Single Ward (Private / Special / Executive Ward)

Total Authorized amount Rs 183602 (One Lakh Eighty Three Thousand Six Hundred and Two).

Authorization Remarks :

Approved as per policy T&C. Rs.10000 deducted as 10% or maximum up to Rs.10000 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)	215935
Other Deductions(INR)*	14690
Copay (INR)	10001
Hospital Discount (INR)	8242
Deductibles (INR)	0
Total Authorized Amount(INR)	183602

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: U85199KA1999PT025676
Cashless Processing Centre
#58/1A, Singhasandra,
Hosur Main Road,
Begur Post,
Bangalore, PIN - 560068.
Helpline: 0120-6937324

TOTAL BILL = 215935
APPROVED = 183602
32333
DISCOUNT = 8242
24091

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

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