

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

PATIENT NAME:	Senthomasey	IP NO:	2565
AGE :	53	TPA:	HDP Engr
CONTACT NO :		INSURANCE:	
DOA :	18/09/24	DOD:	23/09/24
CLAIM NO:			
FINAL BILL AMOUNT	283916		
FINAL APPROVED AMOUNT (-)	261258		
TPA DISCOUNT (-) (If applicable)	16758		
DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)	5900		
ADVANCE PAID (-)	5000		
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	Doctor Discount (2000) (Total) Non Medicals (Phy) 5900 + (1400) 1840		
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.SENTHAMARAI		IP Number : IPC2024002565
Age / Sex : 53/ FEMALE		D.O.A. : 18/09/2024
Doctor Name :HDFC ERGO General Insurance		D.O.D. : 23/09/2024
TPA Name : HDFC ERGO General Insurance		Claim No: RC-HS24-14465010
Insurance Name :The New India Assurance Co. Ltd		
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	NON AC SINGLE ROOM CHARGES (1850*3 DAYS)	5550
3	GENERAL WARD CHARGES (1500*2 DAYS)	3000
4	POST OPERATIVEWARD (3000*0.5 DAY)	1500
5	NURSING CHARGE (250*5 DAYS)	1250
6	DMO CHARGES (500*5 DAYS)	2500
7	LAB CHARGES	6250
8	OPERATION THEARTER CHARGES	25000
9	OT ASSISTANT CHARGES	6000
10	C ARM CHARGES	4000
11	INJECTION CHARGES	80
12	MONITER CHARGES	2000
13	OXYGEN CHARGES (200*8 HOURS)	1600
14	INJ.SEVOFLURANCE	3000
15	ECHO CHARGES 1No	2300
16	ECG CHARGES 1 No	300
17	X RAY CHARGES 2 Nos	1250
18	DISINFECTION CHARGES	200
19	MRD CHARGES	200
20	DRUGS CHARGES	107436
21	DR.ARAVIND KUMAR.,MS.,(ORTHO)	75000
22	DR.SUCHINDARAN.,MS.,(ORTHO)	22000
23	DR.ARTHI.,MD.,DA.,	12500
24	DIETITIAN CHARGES	500
Total		283916
Rupees : Two Lakhs Eighty Three Thousand Nine Hundred and Sixteen Only		
Rs.2,83,916/-		
Insurance deparment		Medway JSP Hospitals No: 70, Kancheepuram High Road Chengalpattu - 603 002

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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
044-2473 4451

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

HDFC ERGO General Insurance Company Limited

**HDFC
ERGO**

Cashless Enhancement Letter

Date : 23/09/2024

Claim Number : RC-HS24-14465010_1 (Please quote this number for all further correspondence)
Authorization is valid for admission up to 08/10/2024

To,
J.S.P. HOSPITAL,
70, KANCHIPURAM HIGH ROAD, CHENGALPATTU,
KANCHIPURAM, TAMIL NADU, 603001,
Contact No.-
Rohini Id : 8900080208087

Name of Insurance Company : HDFC ERGO General Insurance Company Limited
Name of TPA :
Proposer Name : Saranraj Aridass
Patient's Member : EC2413959640-06M
ID/TPA/Insurer Id of Patient :
Relation with Proposer : Mother

Dear Sir / Madam,
This has reference to the pre-authorization request submitted on 23/09/2024 We hereby authorize cashless facility as per details mentioned below

Details of Patient

Patient Name	: Senthamarai A	Age	: 53 yrs	Gender	: Female
Policy Number	: 2999206250455200000	Expected Date of Admission	: 18/09/2024		
Policy Period	: 20/MAR/2024 To 19/MAR/2025	Expected Date of Discharge	: 23/09/2024		
Room Category Eligible room category as per T & C of Policy Contract	: Single Non-AC	Estimated length of stay	: 5		
Provisional Diagnosis	: Spondylolisthesis	Proposed line of treatment	: Surgical		

Authorization Details

Date & Time	Reference Number	Amount	Status
23-09-2024 17:56:54	RC-HS24-14465010_1	261258	Pre Auth Approved

Total Authorized amount : INR 261258 /- (Two Lac Sixty One Thousand Two Hundred Fifty Eight only). Note-Previous authorisation stand cancelled

Authorization Remarks : Covered for medical/surgical management requiring hospitalization only. Non-medical expenses including expenses for PPE kits to be collected from member. Claim will be settled as per tariff irrespective of approved amount..Room category --restricted to entry level single room mou and tariff deduction not to be collected NOTE- Final Settlement as per Agreed MOU/PACKAGE rate .non-compliance would warrant the recovery of excess amount .

The final bill amount shall be generated as per the MOU (Memorandum of Understanding) for discount and tariff rates. Non-compliance would warrant the recovery of excess amount.

Hospital Agreed Tariff

I. Package case :
Agreed package.....

II. Non-package Case :

- Room Rent/day.....
- ICU Rent/day
- Nursing Charges/day.....
- Consultant Visit Charges/day.....
- Surgeon's fee/OT/Anaesthetist.....
- Others (specify)

Authorization Summary

HDFC ERGO General Insurance Company Limited



Other Deduction Details						Deduction Remark
Bill Number	Service Type	Bill Amount	Tariff Deduction	Deduction	Discount	
2565	pharmacyBillHead	2603	0	0	0	2603 EASYFIX,UROBAG,GLOVES,EKG,MASK,COVER,SPONGE,
2565	Investigation Charges	10100	0	0	1010	9090
2565	Room & Nursing Charges	9800	0	0	980	8820
2565	pharmacyBillHead	19790	0	0	0	19790
2565	Implant	88043	0	0	0	88043
2565	Professional Fees Charges	115500	0	0	11550	103950
2565	ICU Charges	3180	0	0	318	2862
2565	OT Charges	29000	0	0	2900	26100
2565	ICU Charges	2000	0	2000	0	0 Monitor Charges
2565	Other Expenses	3900	0	3900	0	0 DMO,MRD,DISINFECTON,REGISTRATION
2565	Total	283916	0	5900	16758	261258

(Less) Policy Deductible	0
Total after policy deductible	261258
(Less) Co-Payment	0
(Less) Zonal Co-Payment	0
Special Discount	0
(Less) Premium Recovered	0
(Add) GST	261258
Pre Authorized Amount	5900
Amount to be paid/collected by Insured	

Tariff deduction and discount not to be collected from the insured.

Terms and Conditions of Authorization

- Cashless Authorization letter issued on the basis of information provided in Pre- Authorization form. In case misrepresentation/concealment of the facts, any material difference/ deviation/ discrepancy in information is observed in discharge summary/ IPD records then cashless authorization shall stand null & void. At any point of claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain 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 costs 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 costs 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 policyholder from the Network Provider and/or take necessary action, as provided under the MoU.
- Where a treatment/procedure is 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 policyholder.
- Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.

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

DOA - 18/9/24 3:15 PM floor

DOD - 22/9/24 12:00 PM

Gen / Ward - 59

(55)

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BILLING CARD

INS?

Patient Name Mrs. SENTHAMARAI ARIDOSS

IP No. 50/Female/MIC 202474147

Room No. 18/09/2024/TPC2024002565

Dr. ARAVIND KUMAR



D.O.A. 18/9/24 Time 3:14 PM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
19/9/24	7:00 PM	OT	Post Ward	Ken
20/9/24	12:30 PM	Post op Ward	II floor 59/55	Pray
20/9/24	7 PM	Ward - 59/55	R.NO: 55	Unk

OPERATION THEATRE

Date	: 19/9/24	OT No.	: 1
Surgeon	: Dr. Aravind Kumar	Start Time	: 4:00 PM
I Asst. Surgeon	: Dr. Sasindhar	End Time	: 6:30 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. Arthi	C-Arm	: used
OT Nurse	: Regina	Arthroscopy	: -
Name of Surgery		Laproscopy	: -
		Sevoflurane / Isoflurane	: 2500/-
		Inj. Fentanyl	: 2ml 10ml / Inj. Morphine 1 amp
		Others	: -

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
19/9	7 PM	20/9	12 PM				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
19/9/24	7 PM	20/9	3 PM				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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

18/9/24 CBC, Urea, creatinine, LFT, RBS, BT, CT, Blood Group and type, HIV I & II - cond, HBsAg, VDRL (1681)

18/9/24 Anti HCV (1682)

[illegible]