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I-Floor NON A/c



BILLING CARD

Medway JSP Hospitals
The way to better health
(A Unit of United All) **Baby JIVITHESH**
Patient No. D. Male/MIC202474254
19-09/2024/IPC2024002578
IP No. Dr. ARAVINDH RAJHA P.S.
Room No.

CDG 11

D.O.A. 19/9/24 Time 03:26

Rent Per Day 1850 /r

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

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

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OPERATION THEATRE	
Date :	OT. No. :
Surgeon :	Start Time :
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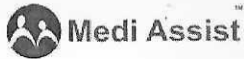
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Medway JSP Hospitals, Chengalpattu.
FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	Mast. Jivithesh	IP NO:	2578
AGE :	3.5 mth / Male	TPA:	Medi
CONTACT NO :	9952480231	INSURANCE:	Liberty.
DOA :	19/9/24	DOD:	22/9/24
CLAIM NO:	39830656.		
FINAL BILL AMOUNT		16,534/-	
FINAL APPROVED AMOUNT (-)		11,664/-	
TPA DISCOUNT (-) (If applicable)		826/-	
DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)		4,044/-	
ADVANCE PAID (-)		5,000/-	
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)		956/-	
<div style="text-align: center;">✓ CASH / ONLINE</div>			
If refund is above Rs.2,000/- transfer will be done by online.			
BANK DETAILS		ENCLOSED	
FINAL BILL COPY		ENCLOSED	
FINAL APPROVAL COPY		ENCLOSED	
<div style="text-align: center;">  </div>			
INSURANCE DEPARTMENT		BILLING DEPARTMENT	
FRONT OFFICE INCHARGE		CENTRE HEAD	



Date :22 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 (39830656) for final cashless pre-authorization, we hereby authorize INR **11664** against your final bill amount INR **16534**. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Jivithesh H V
Relation to Primary Beneficiary	Son
Age	0
Gender	M
Insurance Company	Liberty General Insurance Ltd.
Medi Assist ID	5130128645
Policy Holder	ICU MEDICAL INDIA LLP
IP No.	
Policy No.	4211-500401-24-7000474-00-000
Policy Period	29 May 2024 to 28 May 2025
Primary Beneficiary	Harikumar Mani
Primary Beneficiary Employee ID	65051475
Insurer Claim No	
Insurer Member ID	42114607949D

Treatment Details

Provisional Diagnosis	Unspecified acute lower respiratory infection
Expected Date Of Admission	19 Sep 2024
Treating Doctor	Aravindh rajha
Procedure / Treatment Planned	Conservative Management
Estimated Date of Discharge	22 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	20 Sep 2024 13:09	25000	13500
2	Pre-Auth Processed	22 Sep 2024 14:09	16534	11664

Total Authorized amount Rs **11664** (Eleven Thousand Six Hundred and Sixty Four).

Authorization Remarks :

Final AI

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)	16534
Other Deductions(INR)*	2747
Copay (INR)	1297
Hospital Discount (INR)	826
Deductibles (INR)	0
Total Authorized Amount(INR)	11664
Amount to be paid by Insured (INR)	4044

***Deduction Details**

S.no	Description	Bill Amount (INR)	Deducted Amount (INR)	Admissible Amount (INR)	Deduction Reason
1	iv fluids / disposables	879	47	832	easyfix (m) 1s:-47.00
2	documentation charges	200	200	0	mrd charges:-200.00
3	other miscellaneous charges	200	200	0	disinfection charges:-200.00
4	external durable appliances	1800	1800	0	nebulizer charges:-1800.00
5	registration charges	500	500	0	registration 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 Liberty General Insurance 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
 - Original discharge summary in IRDAI format, duly signed by the patient / representative

**Medway JSP Hospitals***The way to better health*

(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL		
Name : Mast. JIVITHESH H V		
Age / Sex : 3.5 Months /MALE		IP Number : IPC2024002578
Doctor Name : DR.ARAVINDH RAJHA.,MD.,(PAED)		D.O.A. : 19/09/2024
TPA Name :Medi Assist Insurance TPA India Pvt Ltd		D.O.D. : 22/09/2024
Insurance Name : Liberty General Insurance Ltd.		Claim No: 39830656
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	NON AC SINGLE ROOM CHARGES (1850*3 DAYS)	5550
3	NURSING CHARGES (250 * 3 DAYS)	750
4	DMO CHARGES (500*3 DAYS)	1500
5	NEBULIZER CHARGES (12 *150)	1800
6	DRUGS CHARGES	2434
7	DISINFECTION CHARGES	200
8	MRD CHARGES	200
9	DR.ARAVINDH RAJHA.,MD.,(PAED)	3600
	Total	16534
Rupees : Sixteen Thousand Five Hundred and Thirty Four Only		
Rs.16,534/-		
Insurance department		Medway JSP Hospitals No. 70, Kanchi Road, High Road Chengalpattu - 603 002

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94557 94557

1800 572 3003

Medway Group of Hospitals**Medway Centre of Excellence (Chennai)**

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Chengalpattu 044-27426829	Villupuram 04146-242000	Kumbakonam 044-2473 4455	Kakinada 0884-2333367
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Heart Institute 044 - 4310 8959	Institute of Pulmonology 044-2473 4451
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