DOA - 19/9/24

DOD - 22/9/24

IInd Floor

Non AC Room

56

BILLING CARD

Medway JSP Hospitals
The way to better health
(A Unit of Unit

Patient: Mr.RAJESH 36/Male/MIIC202474256 19/09/2024/IPC2024002579

IP No. - Dr.ARTHI

Room I

D.O.A. 19/9/24 Time 5.13Pm

Rent Per Day 1850/-

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

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Channi (MD)	19/9/24	20/9/24	21/9/24	22/9/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 7170/- S. Savanya BILL CLEARED : RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Diet consultation.

Admission Officer : Stellar

Sister In-charge

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

Date	
19/9/24	Urea, Creatinine, LFT, RBS → 1430
20/9/24	Urine Routine → 1756
21/9/24	CBC → 1798
22/9/24	CBC → 1846

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

19/9/24	Chest x-ray	due	Mohan Raj 9/1730
19/9/24	ECG	due	
20/9/24	USG Abdomen	due	Dr. Saravanan 1777

CBG

DATE	NUMBERS	DATE	NUMBERS

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

PHYSIOTHERAPY

Date	

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
20/9/24	1		
21/9/24	1+1		
22/9/24	1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

Medway JSP Hospitals, Chengalpattu.

FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	Mr. Rajesh	IP NO:	2579
AGE :	36	TPA:	Medi
CONTACT NO :	8072309595	INSURANCE:	Orienta
DOA :	19/9/24	DOD:	22/9/24
CLAIM NO:	124655631		

FINAL BILL AMOUNT	26,416/-
FINAL APPROVED AMOUNT (-)	22,203/-
TPA DISCOUNT (-) (If applicable)	1,321/-
DIFFRENCE AMOUNT (TO PAY BY THE PATIENT)	2,891/-
ADVANCE PAID (-)	
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	2,891/-

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

FINAL BILL		
Name : Mr. RAJESH		
Age / Sex : 36 / MALE		IP Number : IPC2024002579
Doctor Name : DR. ILANCHET CHENNI.,MD.,(GEN PHY)		D.O.A. : 19/09/2024
TPA Name :Medi Assist Insurance TPA India Pvt Ltd		D.O.D. : 22/09/2024
Insurance Name : The Oriental Insurance Co. Ltd.		Claim No: 124655631
S.No	Description	
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	LAB CHARGES	3046
6	USG ABDOMEN CHARGES 1No	1750
7	NEBULIZER CHARGES (4 *150)	600
8	ECG CHARGES 1 No	300
9	X RAY CHARGES 1 No	750
10	DRUGS CHARGES	7170
11	DISINFECTION CHARGES	200
12	MRD CHARGES	200
13	**DR. ILANCHET CHENNI.,MD.,(GEN PHY)**	**3600**
15	DIETITIAN CHARGES	500
	Total	**26416**

Rupees : Twenty Six Thousand Four Hundred and Sixteen Only
Rs.26,416/-

Insurance depatment

Medway JSP Hospitals
No: 70, Kanchipuram High Road
Chengalpattu - 603 002

Medi Assist

Medi Assist Insurance TPA Pvt. Ltd

XAP124655631

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 (124655631) for final cashless pre-authorization, we here by authorize INR **22203** against your final bill amount INR **26415**. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Rajesh R
Relation to Primary Beneficiary	Self
Age	35
Gender	M
Insurance Company	The Oriental Insurance Co. Ltd.
Medi Assist ID	4064677291
Policy Holder	IDFC FIRST Bharat Limited
IP No.	
Policy No.	271900/48/2024/3490
Policy/Plan Period	24 Sep 2023 to 23 Sep 2024
Primary Beneficiary	Rajesh R
Insurer Claim No	
Insurer Member ID	

Treatment Details

Provisional Diagnosis	Typhoid fever, unspecified
Expected/Actual Date Of Admission	19 Sep 2024
Treating Doctor	Aarthi
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	22 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 22203 (Twenty Two Thousand Two Hundred and Three).

Authorization Remarks :

FINAL APPROVAL ,NO CO PAY , DISCOUNT AMOUNT NOT TO BE COLLECTED FROM THE PATIENT

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)	26415
Other Deductions(INR)*	2891
Hospital Discount (INR)	1321
Deductibles (INR)	0
Total Authorized Amount(INR)	22203
Amount to be paid by Insured (INR)	2891