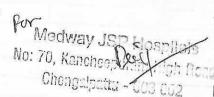
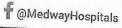


Namo	Mrs. IOTH			
	Mrs.JOTHI			
Doctor I	ex: 33/ FEMALE	IP Number : IPC20240025		
TPA Nar	Name : DR.CHRISTINA RAJKUMAR.,MD.,DGO.,	D.O.A. : 19/09/2024		
	· Wed Assist Insurance The	D.O.D.: 23/09/2024		
S.No	ce Name: The New India Assurance Co. Ltd	D.O.D. : 22/09/2024 Claim No: 39846258		
1	Description			
2	ADMINISTRATION CHARGES	Value		
3	NON AC SINGLE ROOM CHARGES (1850*3 DAYS)	10		
4	THENSING CHARGE (250*3 DAVE)	55		
5	DMO CHARGES (500*3 DAYS)	7		
6	LAB CHARGES	150		
7	OPERATION THEARTER CHARGES	9:		
	OT ASSISTANT CHARGES	1000		
8	PHYSIOTHERAPHY CHARGES 3 Sitting	500		
9	DRESSING CHARGES	150		
10	BABY NURSING CHARGE (250*3 DAYS)	30		
11	BABY LAB CHARGES	75		
12	VACCINATION CARD	278		
13	VACCINATION CHARGES			
14	DRUGS CHARGES	750		
15	DR. CHRISTINA RAJKUMAR .,MD .,.D.G.O.,	18388		
16	DR. PADIMANABAN., MD., DA	35000		
17	Dr.ARAVINDH RAJHA., MD., (PAFD)	10000		
18	DR.SHEETAL.,MS.,(ENT)	4500		
19	DIETITIAN CHARGES	1500		
	Total	500		
		100783		

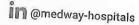
Rupees: One Lakh Seven Hundred and Eighty Three Only Rs.1,00,783/-

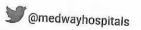
Insurance depatment













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

FINAL DISCHARGE ACCOUNT	IP NO:	200
ATIENT NAME: Mrs. Jothi		Med?
GF: 23	TPA: INSURANCE:	Viedi
ONTACT NO: 1200777649		22/9/10
00A: 19/2/24	DOD:	10110
CLAIM NO: 39848258		
		1 100 7871
INAL BILL AMOUNT		1,00,783/-
FINAL APPROVED AMOUNT (-)		50,000/-
IND IN A		
· V/XClianhle)		5:039/-
TPA DISCOUNT (-) (If applicable)		
		- Lord Total
DIFFRENCE AMOUNT (TO PAY BY THE PATIEN	IT)	4>1+41
ADVANCE PAID (-)		3,000/-
(ID VIIII)	A STATE OF THE STA	
BALANCE AMOUNT (ACTUAL - PAYABLE	/ REFUND)	42,744/-
BALANCE AMOUNT (ACTUAL - PAYABLE  CASH /	ONLINE	42,744/-
BALANCE AMOUNT (ACTUAL - PAYABLE	ONLINE	
BALANCE AMOUNT (ACTUAL - PAYABLE  CASH /  If refund is above Rs.2,000/- transfer will be d	ONLINE	ENCLOSED
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BALANCE AMOUNT (ACTUAL - PAYABLE  CASH /  If refund is above Rs.2,000/- transfer will be d  BANK DETAILS	ONLINE	ENCLOSED ENCLOSED ENCLOSED
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Medi Assist Insurance TPA Pvt. Ltd



Date :22 Sep 2024

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 (39846258) for final cashless pre-authorization, we here by authorize INR 50000 against your final bill amount INR 100783. The details of the pre-authorization are as follows:

### **Patient Details**

Patient Name	Jothi Rajendran
Relation to Primary Beneficiary	Spouse
Age	33
Gender	F
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	5125443687
Policy Holder	Greynium Information Technologies Pvt Ltd
IP No.	
Policy No.	87000034230400000570
Policy/Plan Period	06 Feb 2024 to 05 Feb 2025
Primary Beneficiary	Muthuraj
Insurer Claim No	TP00387000024900244379
Insurer Member ID	MEMBER239

### **Treatment Details**

Provisional Diagnosis	Encounter for cesarean delivery without indication
Expected/Actual Date Of Admission	19 Sep 2024
Treating Doctor	CHRISTINA RAJKUMAR
Procedure / Treatment Planned	Caesarean section ( LSCS)
Estimated/Actual Date of Discharge	22 Sep 2024
Room Category Occupied	Single private room
Length Of Stay	3
Eligible Room Category	

# Total Authorized amount Rs 50000 (Fifty Thousand).

# Authorization Remarks :

PRIMJ for emergency LSCS. - Final processed up to sublimit

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**

Authorization Summary		
Total bill amount (INR)	100783	
Other Deductions(INR)*	9396	
Excess of Defined / Ailment Limit (INR)	36348	
Hospital Discount (INR)	5039	
Deductibles (INR)	0	
Total Authorized Amount(INR)	50000	

45744

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. 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. KYC (know your customer) details of proposer/employee/beneficiary are mandatory for claim payout above Rs.1 lakh. Retwork 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 control of the
- 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
- 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
- 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 / procedure to be carried out by a Doctor/Surgeon of insured schole (not emparated with the Tospia) hardware freatment after obtaining specific consent of the policyholder.

  Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought are not admissible Expenses are excluded which are not covered / not payable as per health insurance policy terms and conditions are not admissible Expenses related to medicines/drugs incurred post discharge and Differential cost borne by the policyholder may be reimbursed by Insurer subject to 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:

- 3.
- Original cashiess claim form in IRDAI format
  Government ID proof and Medi Assist ID card of the patient along with KYC form
  Detailed discharge summary with Main hospital bill along with Break-up of the bill amount being claimed
  Cash memos from the Hospitals / Chemists supported by proper prescriptions
  Diagnostic Test Reports, X-ray films, and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic

- original sticker for all the implants & high value consumables

  Original sticker for all the implants & high value consumables

  Surgeon's Certificate stating the nature of operation performed and Surgeon's Bill and Receipt

  Surgeon's Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge

  Copy of the receipt for the amount settled by the patient / representative

  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. 10.
- 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 NABH or State Level Certificate (or higher level of certificate) under NQAS, 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

Connect &





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Room No			TRANSFER	DETAILS	Rent Per D	ay (B	
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I Asst. Surg	I Asst. Surgeon :				The state of the s	45 pm	
II Asst. Surg	Il Asst. Surgeon :				: '-	-	
III Asst. Surg	geon :			Diathermy	1	-	
Anaesthetis	70	Padmanak	OON	C-Arm	:	_	
OT Nurse	: P	ogina, K	ive	Arthroscopy: —			
Name of Su	rgery:	Locs		Laproscop	7.	**	
				Sevoflurane / Isoflurane :			
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S. Sarany	3				
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STERILE TRAY USED:

TRANFUSION (BLOOD)

ATTENDER'S HOLDING:

D.O.A. 19/9/84.

D.O.D. 22/9/24.

Time - lapm.

OTHER PROCDURES: Diet Consultation.

Admission Officer :

	OPE	RATION THEATRE	VI
Date		OT. No.	8.
		Start Time :	
Surgeon	on :	End Time :	•
I Asst. Surge		Dis. Pack :	
II Asst. Surge		Diathermy :	
Anaesthetist		C-Arm :	
OT Nurse		Arthroscopy :	
		Laproscopy :	
Name of Sur	gery .	Sevoflurane / Isoflurane :	
		Inj. Fentanyl :	
		Others :	
		LABORATORY	
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