

FINAL BILL		
Name : Mrs.JOTHI		
Age / Sex : 33/ FEMALE		
Doctor Name : DR.CHRISTINA RAJKUMAR.,MD.,DGO.,	IP Number : IPC2024002584	
TPA Name : Medi Assist Insurance TPA India Pvt Ltd	D.O.A. : 19/09/2024	
Insurance Name : The New India Assurance Co. Ltd	D.O.D. : 22/09/2024	
	Claim No: 39846258	
S.No	Description	Value
1	ADMINISTRATION CHARGES	
2	NON AC SINGLE ROOM CHARGES (1850*3 DAYS)	1000
3	NURSING CHARGE (250*3 DAYS)	5550
4	DMO CHARGES ( 500*3 DAYS)	750
5	LAB CHARGES	1500
6	OPERATION THEARTER CHARGES	929
7	OT ASSISTANT CHARGES	10000
8	PHYSIOTHERAPHY CHARGES 3 Sitting	5000
9	DRESSING CHARGES	1500
10	BABY NURSING CHARGE (250*3 DAYS)	300
11	BABY LAB CHARGES	750
12	VACCINATION CARD	2786
13	VACCINATION CHARGES	80
14	DRUGS CHARGES	750
15	DR. CHRISTINA RAJKUMAR .,MD .,D.G.O.,	18388
16	DR. PADMANABAN., MD., DA.,	35000
17	Dr.ARAVINDH RAJHA.,MD.,(PAED).,	10000
18	DR.SHEETAL.,MS.,(ENT)	4500
19	DIETITIAN CHARGES	1500
	<b>Total</b>	<b>100783</b>
Rupees : One Lakh Seven Hundred and Eighty Three Only Rs.1,00,783/-		
Insurance department		
For Medway JSP Hospitals No: 70, Kancheepuram High Road Chengalpattu - 603 002		

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

PATIENT NAME:	Mrs. Jothi	IP NO:	2584
AGE :	33	TPA:	Medi
CONTACT NO :	7200972649	INSURANCE:	New
DOA :	17/9/24	DOD:	22/9/24
CLAIM NO:	37846258		

FINAL BILL AMOUNT	1,00,783/-
FINAL APPROVED AMOUNT ( - )	50,000/-
TPA DISCOUNT ( - ) ( If applicable)	5,039/-
DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)	45,744/-
ADVANCE PAID ( - )	3,000/-
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	42,744/-

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

*P. Jay*

INSURANCE DEPARTMENT BILLING DEPARTMENT

FRONT OFFICE INCHARGE

CENTRE HEAD





Medi Assist

Medi Assist Insurance TPA Pvt. Ltd



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 (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	Greyinium 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**

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

Amount to be paid by Insured (INR)

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: 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

App



Connect



THIS IS A SYSTEM GENERATED CORRESPONDENCE. PLEASE DO NOT REPLY TO THIS EMAIL



7 floor

CNS?

(11)



# BILLING CARD

Non-Ac - ROOM - V

**Patient Name** Mrs. JOTHILR  
**IP No.** 33 Female MIIC202474274  
**Room No.** 19.09/2024/IPC2024002584  
**Dr. CHRISTINA RAJKUMAR**

**D.O.A.** 19/09/24 **Time** 7:43pm

**Rent Per Day** 1850/-

## TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

## OPERATION THEATRE

Date	: 19/09/24	OT No.	: 02
Surgeon	: DR. CHRISTINA RAJKUMAR	Start Time	: 9.00 pm
I Asst. Surgeon	: -	End Time	: 9.45 pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR. Padmanaban	C-Arm	: -
OT Nurse	: Regina, Kavi	Arthroscopy	: -
Name of Surgery	: LSCS	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	: -
		Others	: -

## MONITOR

## INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

## OXYGEN

## SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

## ALPHA BED

## SCD PUMP

## VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]



## 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

[illegible]

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


CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY
20/9/24	Karthika PT
21/9/24	Karthika PT

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
				22/9/24	Dressing	①	