Medway JSP Hospitals, Chengalpattu.

FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	Thangavan	IP NO:	2596
AGE :	63	TPA:	Vidal
CONTACT NO :		INSURANCE:	NIL
DOA :	20/09/24	DOD:	25/09/24
CLAIM NO:			

FINAL BILL AMOUNT	53,995
FINAL APPROVED AMOUNT (-)	22168
TPA DISCOUNT (-) (If applicable)	2909
DIFFRENCE AMOUNT (TO PAY BY THE PATIENT)	8918
ADVANCE PAID (-)	—
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	8918/-

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.ILANGOVAN		
Age / Sex : 63 / MALE		IP Number : IPC2024002596
Doctor Name : DR. SANKAR LINGAM.,MS.,(GEN SURG)		D.O.A. : 20/09/2024
TPA Name : Vidal Health Insurance TPA Pvt Ltd		D.O.D. : 25/09/2024
Insurance Name : NEW INDIA ASSURANCE COMPANY LTD		Claim No: CHE-0924-PA-0002436
S.No	Description	
1	REGISTRATION CHARGES	500
2	AC SINGLE ROOM CHARGES(2900*4.5DAYS)	13050
3	GENERAL WARD CHARGES (1500*0.5DAY)	750
4	NURSING CHARGES (250*5DAYS)	1250
5	DMO CHARGES (500*5DAYS)	2500
6	LAB CHARGES	4087
7	X RAY CHARGES 1 No	550
8	DRESSING CHARGES	1000
9	DRUGS CHARGES	4908
10	DISINFECTION CHARGES	200
11	MRD CHARGES	200
12	DR. SANKAR LINGAM.,MS.,(GEN SURG)	4500
13	DIETITIAN CHARGES	500
	Total	33995

Rupees : Thirty Three Thousand Nine Hundred and Ninety Only
Rs.33,995/-

Insurance depatment

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

ALTH ADMINISTRATOR

Cashless Authorization Letter

(Part-D)

Printed on 25/09/2024

Date : 25/09/2024

Claim Number: CHE-0924-PA-0002436 (please quote this number for all further correspondence)

Authorization is valid for admission up to 20/09/2024

J.S.P. HOSPITAL 70, KANCHIPURAM HIGH ROAD Tamilnadu , 603002 04427428853 Rohini Id: 8900080208087	Name of Insurance Company : NEW INDIA ASSURANCE COMPANY LTD Name of TPA : Vidal Health Insurance TPA Pvt Ltd Proposer Name : SHOBANA I Patient's MemberID / TPA/Insurer Id of the Patient : CHE-NI-R0558-001-0001114-D Relation with Proposer : Father

Dear Sir /Madam ,
This has reference to the pre-authorization request submitted on 25/09/2024 01:43 PM , We here by authorize cashless facility as per details mentioned below:

Patient Name : ILANGOVAN P		Age : 61	Gender : Male
Policy Number : 710300/34/23/04/00000034		Expected Date of Admission : 20/09/2024	
Policy Period : 11-11-23 TO 10-11-24		Expected Date of Discharge : 25/09/2024	
Room category : Single Room		Estimated length of stay : 5 days	
Eligible Room Category as per T&C of Policy Contract : Single Room			
Provisional Diagnosis : RIGHT ANKLE - ABSCESS		Proposed line of treatment : Medical management	
Insurer Claim Number : TP01671030024900001065			

Authorization Details :

Date and time	Reference number	Amount	Status
25/09/2024 02:28 PM	CHE-0924-PA-0002436	22168	Approved

Total Authorized amount:- Rupees Twenty Two Thousand One Hundred and Sixty Eight Only **(in words**

Authorization Remarks:

AUTHORIZATION LETTER HAS BEEN APPROVED AS PER FINAL BILL AND DISCHARGE SUMMARY . NON MEDICAL EXPENSES ARE NOT PAYABLE AS PER IRDA GUDILINES .
NOTE : DISCOUNT APPLIED AS PER MOU , KINDLY DO NOT COLLECT DISCOUNT AMOUNT FROM THE PATIENT .
KINDLY SUBMIT ICP NOTES , LAB REPORTS , FINAL BILL AND DISCHARGE SUMMARY FOR THE CLAIM.
A VALID PHOTO-ID PROOF IS MANDATORY DURING CLAIMS.
CO PAY APPLIED AS PER POLICY TERM AND CONDITION .

Hospital Agreed Tariff:

I **Package case :**

Agreed package rate :

II **Non -Package case :**

i. Room Rent / day :

ii. ICU Rent / day :

iii. Nursing Charges / day :

Iv. Consultant Visit Charges / day :

v. Surgeon's fee / OT / Anaesthetist :

vi. Others (specify) :

Authorization Summary:

Total Bill Amount	: 33995.00	(INR)
*Discount	: 2909.00	(INR) (At the time of Final Authorization)
Excess of package amount: (Not to be collected from the insured)	: 0.00	(INR) (At the time of Final Authorization)
*Other Deductions	: 3376.00	(INR) (At the time of Final Authorization)
Co-Pay	: 5542.00	(INR)
Co-Pay Buffer	: 0.00	(INR)
Deductibles	: 0.00	(INR)
Exceeds Policy Limit	: 0.00	(INR)
Policy Deductable Amount	: 0.00	(INR)
Total Authorised Amount:	: 22168.00	(INR)
Amount to be paid by Insured	: 8918	(INR) (At the time of Final Authorization)

*** Discount & Other Deduction Details**

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	CONSULTATION	7000.00	700.00	6300.00	, Rs.700 deducted for discount.
2	LABORATORY INVESTIGATIONS	4637.00	464.00	4173.00	, Rs.464 deducted for discount.
3	MISCELLANEOUS CHARGES	1400.00	1400.00	0.00	NOT PAYABLE
4	PHARMACY	4908.00	1216.00	3692.00	SYRINGE , MASK , GLOVES , BANGAGE ETC ARE NOT PAYABL
5	ROOM/BOARDING EXPENSES	15050.00	1505.00	13545.00	, Rs.1505 deducted for discount.
6	SPE PROC CHARGES	1000.00	1000.00	0.00	NOT PAYABLE

DOA - 20/9/24 5:18 Pm   II floor   Re - 12.17 pm   53
DOD - 25/9/24 3:00 PM   cash

Medway JSP Hospitals
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

BILLING CARD

Gen. ward - 89

Mr.ELANGOVAN
63/Male/MIIC202474342
20/09/2024/IPC2024002596
Dr.SANKARLINGAM

Patient Name Mr.   D.O.A. 20/9/24 Time 5:18 PM

IP No.

Room No.   Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
20/9/24	09pm	ward - 59 (5)	R.No : 53 AC Room	[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 / VENTILATOR

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Sankarlingam (MS)	21/9/24	22/9/24	23/9/24	24/9/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED : 4908/- E. Sheeba	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Diet consultation. 150/-

Admission Officer :

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	:

Date	LABORATORY
20/9/24	CBC, RBS, Urea, Creatinine, Electrolytes, LFT, Prothrombin time – 1776
21/9/24	PT INR (1813)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
20/09/24	(Rr) Foot PP Oling	Due	[illegible] -1775

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
				21/9/24	Dressing - (1)		
				22/9/24	Dressing - (1)		
				23/9/24	Dressing - (1)		
				24/9/24	Dressing (1)		