

D.O-A: 22/9/24 8:33 PM  
D.O-D: 26/9/24 @ 8-30 am

Ins?

11 floor 56  
Non A/E

## BILLING CARD

Patient Name **Child.DHANYAA SHRI.S**

D.O.A. 22/09/24 Time 08:33 pm

IP No. 22.09/2024/IPC/2024002603

Room No. Dr.ARAVINDH RAJHA P.S

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

### 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



## OPERATION THEATRE

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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
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[illegible]

[illegible]

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

PATIENT NAME:	Baby Dhanya Shri	IP NO:	2623
AGE :	1 F	TPA:	Reliance
CONTACT NO :	967702243	INSURANCE:	
DOA :	22/9/24	DOD:	26/9/24
CLAIM NO:	AL-2460138063		

FINAL BILL AMOUNT	20,638/-
FINAL APPROVED AMOUNT ( - )	18,884/-

TPA DISCOUNT ( - ) ( If applicable)

DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)

ADVANCE PAID ( - )

BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND )

CASH / ONLINE

If refund is above Rs.2,000/- transfer will be done by online.

BANK DETAILS

FINAL BILL COPY

FINAL APPROVAL COPY

ENCLOSED

ENCLOSED

ENCLOSED

*Pier*

INSURANCE DEPARTMENT

BILLING DEPARTMENT

FRONT OFFICE INCHARGE

CENTRE HEAD

**ANCE****GENERAL  
INSURANCE**

16-Sep-2024

AL Number : 102240071576-01

JP Hospitals Pvt. Ltd  
No.70, Kanchipuram High Road  
Chengalpattu,  
KANCHIPURAM, CHENGALPATTU  
TAMIL NADU  
603002  
91-9965159152

Dear Sir/Madam,

Subject: Cashless authorization letter to the hospital for the treatment and guarantee of payment.

We hereby authorize and guarantee for payment up to Rs. 18884.00, (Eighteen Thousand Eight Hundred Eighty Four) only for Admission/ Pre-Authorization request sent by you with the following information:

Name of the patient:	DHANYAA SHRI S		
Class of Accommodation:	Single Room Ac	Per Day Limit:	2500.00
For provisional diagnosis:	AFI with LRI	Date of Admission:	22-Sep-2024
Previous Authorized Limit:	Rs.25000.00	Hospital Package Applicable:	No
Additional Sum Sanctioned:	Rs. -6116.00	Package Limit:	
Co-Payment Amount:	Rs. 0.00		
Total Sanctioned Amount:	Rs. 18884.00		

Claimed Amount	Non Payable	Total Admissible Amount	Compulsory Deductible	Co-payment	Discount	Approved Amount
20638.00	1754.00	18884.00	0.00	0.00	0.00	18884.00

Remarks: Based upon the claim/case. 1) Kindly furnish the detailed course of hospitalization along with the discharge summary & the break-up of the final bill before discharge of the patient. 2) Furnish the investigation reports. 3) Please quote this AL number in your reply. 4) Final claim Settlement will be as per MOU & Policy T&C.

Important Instructions to Hospitals 1) If the hospital bill is estimated to be higher than the guarantee of payment, a request letter for additional amount needs to be sent to RGICL. 2) If no further guarantee is available, the hospital must collect the excess amount directly from the beneficiary at the time of admission/ prior to discharge from the hospital, as per hospital rules and regulations. 3) Please collect the hospital bill summary with final bill with details of units of each service (authenticated by patients signature). 4) Please collect the discharge summary and reports of all investigations (original). 5) Please collect an undertaking from the insured / patient for submitting his/her documents to RGICL Ltd in original. 6) i) Charges for the following miscellaneous services and related allied services must be collected directly from the patient's Registration / admission charges ii) Ambulance charges (unless authorized) iii) Attendant / visitor pass charges iv) Special nursing charges not authorized by the attending doctor v) Service charges not forming a part of the bed charges in general ward, maintenance charges, surcharges vi) Charges for extra bed for attendant etc vii) Bed retaining charges viii) Charges for TV, Laundry etc ix) Telephone/Fax charges x) Food and Beverages for attendants and visitors. xi) Toiletries etc xii) Purchase of medicines not related to the treatment xiii) Stationery, Xerox or certifying charges.

**External Remarks :**

Rs 1754/-deducted towards non-medical expenses. Please collect the same from member. Final bill will be settled as per agreed MOU/Tariff.

For any assistance, please contact us at the address/email mentioned below.

Please quote Pre-Auth No.: 102240071576-01 in all your future correspondence.

Yours Sincerely,  
**Team RCare Health**  
**Reliance General Insurance Co. Ltd.**

Important Note: This authorization is valid for Admission within 15 days from the Date of Admission mentioned or expiry/cancellation of the Insurance policy whichever is earlier. This Authorization becomes null and void if the patient is discharged before the date of this letter issuance. Copayment Amount has to be collected from Insured. Claim Processing / Settlement will be as per agreed rates in MOU/Tariff. This is an electronically generated document and this requires no seal / stamp All payments to Hospitals are subject to deduction of tax at source as per prevailing rate unless lower nil TDS certificate had been provided to the payer, under section 1941 as per Circular No 8/2009. Dated 24-11-2009 from Income Tax Dept.

**Contact Details:**

Reliance General Insurance,  
RCare Health,  
No.1-89/3/B/40 to 42/KS/301, 3rd floor,  
Krishe Block, Krishe Sapphire, Madhapur,  
Hyderabad-Telangana-500081

Email: [rgicl.rcarehealth@relianceada.com](mailto:rgicl.rcarehealth@relianceada.com)  
Chat@Website: <https://www.reliancegeneral.co.in/Insurance/Home.aspx>>>Chat



**Medway JSP Hospital**

*The way to better health*

(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL		
Name : Baby. DHANYAA SHRI		
Age / Sex : 1 Years / FEMALE		IP Number : IPC2024002623
Doctor Name : DR.ARAVINDH RAJHA.,MD.,(PAED)		D.O.A. : 22/09/2024
TPA Name & Insurance Name : RELIANCE GENERAL INSURANCE		D.O.D. : 26/09/2024
Claim No: AL-2400138063		
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	NON AC SINGLE ROOM CHARGES (1850*3.5 DAYS)	6475
3	NURSING CHARGES (250 * 3.5 DAYS)	875
4	DMO CHARGES (500*3.5 DAYS)	1750
5	LAB CHARGES	1469
6	NEBULIZER CHARGES (16 *150)	2400
7	DRUGS CHARGES	3269
8	DISINFECTION CHARGES	200
9	MRD CHARGES	200
10	DR.ARAVINDH RAJHA.,MD.,(PAED)	3000
11	DIETITIAN CHARGES	500
	<b>Total</b>	<b>20638</b>
Rupees : Twenty Thousand Six Hundred and Thirty Eight Only Rs.20,634/-		
Insurance department		
Medway JSP Hospital No. 70, Kanchi High Road Chengalpattu - 608 002		