Medway JSP Hospitals, Chengalpattu. FINAL DISCHARGE ACCOUNTING SHEET DETAILS 2630 IP NO: Mr. Dibyaranjan Beihers Paramout PATIENT NAME: TPA: Drieute INSURANCE: AGE: 7809327900 DOD: CONTACT NO: 23/9/24 DOA: CLAIM NO: FINAL BILL AMOUNT FINAL APPROVED AMOUNT (-) TPA DISCOUNT (-) (If applicable) 6009 (-) tacif deduction \$386 Extea DIFFRENCE AMOUNT (TO PAY BY THE PATIENT) 2,386/-ADVANCE PAID (-) (ACTUAL - PAYABLE / REFUND) BALANCE AMOUNT ONLINE CASH If refund is above Rs.2,000/- transfer will be done by online. **ENCLOSED** ENCLOSED BANK DETAILS ENCLOSED FINAL BILL COPY FINAL APPROVAL COPY BILLING DEPARTMEN INSURANCE DEPARTMENT CENTRE HE FRONT OFFICE INCHARGE



PARAMOUNT HEALTH SERVICE & INSURANCE TPA PRIVATE LIMITED

(IRDA License No.006) Validity: From 21-03-2023 to 20-03-2026

d No-28.M.I.D.C Industrial Area, Wagale Estate, Ram Nagar, Vitthal Rukhumani Mandir, Thane-400604 Tel-(022)-66620808, Fax No-68342754, E-mail Branch Code: 080

Cashless Authorization Letter (Part-D)

n Number: 6994212 (Please quote this number for all further correspondence)

Authorization is valid for admission up to 26/09/2024.

J.S.P. HOSPITAL PVT. LIMITED 70, 0 Kancheepuram High Road,, Chengalpatn, Tamil Nadu-603002 Rohini Id: 8900080208087

Name of Insurance Company: The Oriental Insurance Company Ltd. Name of TPA: Paramount Health Services & Insurance TPA Pvt. Ltd.

Proposer Name: DIBYARANJAN BEHERA

Patient's Member: DIBYARANJAN BEHERA ID/TPA/Insurer ID of the Patient: 38214051

Corporate Name: JOYSON ANAND ABHISHEK SAFETY SYSTEMS PRIVATE LIMITED Relation With Proposer: Employee

Date: 26/09/2024 04:43:45 PM

This has reference to the last documents received for pre-authorization request on 26/09/2024 03:39:47 PM. We hereby authorize cashless facility as per details mentioned below:

Dear Sir /Madam, This has reference to the last documents received for pre-authorization requbelow:	
Putiant Name: DIBYARANJAN BEHERA	Expected Date of Admission: 23/09/2024 Expected Date of Discharge: 26/09/2024
Policy Number: 411600/48/2025/809 Policy Period: 19/06/2024-18/06/2025 Policy Period: 19/06/2024-18/06/2025	ur worth Of Stay:3
Room category: GEN 1250/-, PV1 1860/	Proposed line of treatment : Dengue Fever With Thrombocytopenia
Category as per T&C of Policy Control Provisional Diagnosis: Dengue Fever With Thrombocytopenia	

Claim Remarks	:			Amount	Status
Authorization De	tails :-	Date & Time	Reference number	10000	Authorized
Claim No	Policy No	23/09/2024 06:38	5483190 5490806	8170	Authorized
6994212	411600/48/2025/809 411600/48/2025/809	26/09/2024 04:43			
6994212	411000/40/2022	A THOUSAND ONE HUNDRED A	ND SEVENTY)		

Total Authorized amount:- Rs 18170 (EIGHTEEN THOUSAND ONE HUNDRED AND SEVENTY)

Authorization Remarks: ^ Claim will be settled as per agreed tariff list between the hospital and Phs.

Hospital Agreed Tariff:

Package Case:

:NA Agreed Package Rate

II Non-package Case:

:NA i. Room Rent/day :NA

ii. ICU Rent/day :NA iii. Nursing Charges/day

iv. Consultant Visit Charges/day :NA

v. Surgeon's fee/OT/Anesthetist :NA

:NA vi. Others (specify)

Authorization Summary:

: 24795 Total Bill Amount : 5386 *Other Deductions

($\stackrel{\textstyle <}{\scriptstyle <}$ 3000 Tariff Deduction not to be collected from Insured.) (Not to be collected from insured.)

: 1239 Discount : 0

Co-Pay :0 Deductibles : 18170 Total Authorised Amount

Amount to be paid by insured

: 2386

Sr.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	Room & Nursing Charges	6125	375	5750	Rs 250/-DEDUTED OVER ROOM RENT AS TARIFF & NOT TO BE TAKEN I DEDUTED OVER ROOM RENT AS TARIFF & NOT TO BE TAKEN FR
2	Medicine & Consumables charges	2662	986	1676	IVSET 270/-, EASYFIX 94/-, VENFLON 622/-, DEDUTED
3	Miscellaneous charges	4025	4025	0	REGISRATION 500/-, DISINFECTION 200/-, MRD 200/- DIETICIAN RS 500/-, DEDUTE: EXTRA'NURSING 875/-, & RMO Rs 1750/-ALSO DEUTEDD & NOT TO BE TAKEN FORM

Terms and Conditions of Authorization:

- 1. Cashless Authorization letter issued on the basis of information provided in Pre- Authorization form. In case misrepresentation/concealment of the facts, any mat difference/ deviation/ discrepancy in information is observed in discharge summary/ IPD records then cashless authorization shall stand null & void. At any point claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain admissibility of claim.
- 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 costs 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 costs 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 policyholder from the Network Provider and/or take necessary action, as provided under
- Where a treatment/procedure is to be carried out by a doctor/surgeon of insured's choice (not empanelled with the hospital), Network Provider may give treatment after obtaining specific consent of policyholder.
- 7. Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

- 1. Detailed Discharge Summary and all Bills from the hospital.
- 2. Cash Memos from the Hospitals /Chemists supported by proper prescription.
- Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner /Surgeon recommending such Diagnostic supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests.
- 4. Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
- 5. Certificates from attending Medical Practitioner/ Surgeon giving patient's condition and advice on discharge.
- 6. Please submit member paid receipt copy of the difference in AL amount and Hospital bill (excluding TPA discount) at the time of claim submission.
- Invoice of implants.
- 8. Radiology Films.

Name of the Product - GROUP MEDICLAIM-FLOATER and UIN No - Important Policy terms & conditions (sub-limits/co-pay/deductible etc)

Please note that the amount authorized is provisional and is subject to change based on the final bill and discharge summary and deduction of TDS as applicable.

IMPORTANT POINT FOR CASHLESS PAYMENT:

- 1. Final Bill & Discharge summary is mandatory for validation of authorized amount. In the absence of discharge intimation or final authorization all previous AL as will stand null & void.
- Insurer reserve the right to demand invoice and /or sticker of high value implant & consumables or medicine at the time of settlement. Non submission may lead denial of entire claim or deduction of such amount during final settlement or possible recovery of such amount due to non-submission of invoice.
- 3. Radiology films and all original investigation report to be submitted in the claim file to avoid payment delay or recovery of such amount paid erroneously on acc of non-submission.
- 4. Hospital is requested to submit the claim file within 2 days from patient discharge date for hassle free payment.

This is a system generated letter hence signature is not required.

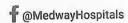


	FINAL BILL	
Name : M	r. DIBYARANJAN BEIHERA	
	: 23 Years / MALE	IP Number : IPC2024002630
Doctor Na	me : DR. ILANCHET CHENNI.,MD.,(GEN PHY)	D.O.A.: 23/09/2024
TPA Name	LL C C Language TDA Dub	D.O.D.: 26/09/2024
	Name : The Oriental Insurance Co. Ltd.	Claim No: 6994212
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	GENERAL WARD CHARGES (1500*1 DAYS)	1500
3	NON AC SINGLE ROOM CHARGES (1850*2.5 DAYS)	. 4625
4	NURSING CHARGES (250 * 3.5 DAYS)	875
5	DMO CHARGES (500*3.5 DAYS)	1750
6	LAB CHARGES	4983
7	X RAY CHARGES	750
8	ECG CHARGES	300
9	ABDOMEN & KUB SCAN CHARGES	1750
10	DRUGS CHARGES	2662
11	DISINFECTION CHARGES	200
12	MRD CHARGES	200
13	DR. ILANCHET CHENNI., MD., (GEN PHY)	4200
14	DIETITIAN CHARGES	500
	Total	24795

Rupees: Twenty Four Thousand Seven Hundred and Ninety Five Only Rs.24,795/-

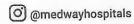
Insurance depatment

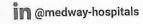


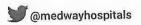


Kodambakkam

044-2473 4455









Medway	Group	of	Hospitals
	CONTRACTOR DESCRIPTION	NAME OF TAXABLE PARTY.	THE RESERVEN

THEB LANGE

Medway JSP I	Hospitals er health		BILLING	GCARD	gen·w	nd -59	
Patient Name	Mr. DIDVADAN				D.O.A. <u>D.</u>	3/9/24 Tim	ne 11:40 F
IP No.							1
	Dr.ARTHI		TRANSFER	DETAILS	Rent Per Da	y	
Date	Time	Fi	rom		Ō		Signature
24/9/24	nam	Was	d 159U)	R.NO!	55 honac	An	ww ,
						я	
	<u> </u>		OPERATION				
Date				OT No.	1		
Surgeon	•			Start Time	2		E
I Asst. Surge				End Time			
II Asst. Surge				Dis. Pack	1		· · · · · · · · · · · · · · · · · · ·
III Asst. Surg				Diathermy	<u>:</u>		
Anaesthetist				C-Arm	Ten: G:		
OT Nurse				Arthroscopy			
Name of Sur	rgery:			Laproscopy			···
					/ Isoflurane :		
					1 : 2ml 10ml/ln	ij. Morphine	
				Others			
	MON	ITOR	—		INFUSIO	N PUMP	
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
	,					· V	
	OXY	GEN			SYRING	E PUMP	
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
•							
			4				
	/						
ALF	PHA BED			SCD PUMP	/	VENTILATO	DR .
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
		/				—	
	_	-/-					

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
or Channi	23/9/w	24/9/24	25 9 24	26/9/24			
*OT *COOK	100						-
A.							
18.							
1							
			 				
					4		
						-	
				_		+	
					AMD	ULANCE	
PH	IARMACY			_	AIVID	DLANCE	
OT DRUGS REPLACED :	Ps.26	,62 -					
BILL CLEARED :	Ps 20	parle				_	
RETURNS CHECKED :	M.J	Sey 1					
CROSS MATCHING:							
RESERVATION OF BL	OOD :						
RESERVATION OF BE							
STERILE TRAY USED	:						
TRANFUSION (BLOO	D)						
ATTENDER'S HOLDIN	IG:						
OTHER PROCEINES	· D- 1		,	K			
OTHER PROCDURES Admission Officer:	· Diet	Consulto	utian. X	7	eallano.	na dal	NE H
	2			DL	SCHOOL	ge accu	
Q	1		1) 1	Jalzu	at 7	M Sist	er In-char
Admission Officer:			1	7	- 1	all all and a second	0.000

	OPERATION THEATRE	
Date :	OT. No.	
Surgeon :	Start Time :	
Asst. Surgeon :	End Time :	
l Asst. Surgeon :	Dis. Pack :	
II Asst. Surgeon :	Diathermy :	
Anaesthetist :	C-Arm :	
OT Nurse :	Arthroscopy :	
Name of Surgery :	Laproscopy :	
	Sevoflurane / Isoflurane :	
	Inj. Fentanyl :	
3	Others :	
Date	LABORATORY	
13/9/24 LFF, UMBA, C	reatinine, Dengue NSI-19	106

	RADIOLOGY .	- EUG / EUF	O. I	0	RI / DRP / BIO-D	w 7	1921
3 9 9 2	X-Noy	CHELI	F*	DU2	0 00	9	. (5)
3 [9/24	Ely			due	JA: SO	2 avai	ran-à
5/09/24	USU	Abd		anc	<i>Du</i> C =		
	CBO	3			ABG	- Warra and San and	ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
DAIL	NOMBLING						1
		1					-
							1
				NO LOTUE	APV		
Date			PF	IYSIOTHER	APT		
, , , , , , , , , , , , , , , , , , ,							
				•			
					30,963.0		
	NEBU	JLIZER			OTHE		NUMBER
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBE
						-	