

Medway JSP Hospitals, Chengalpattu.

FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	Mr. Dityarajan Beihers	IP NO:	2630
AGE :	23	TPA:	Paramount
CONTACT NO :	7809327900	INSURANCE:	Oriental
DOA :	23/9/24	DOD:	26/9/24
CLAIM NO:			

FINAL BILL AMOUNT	24,795/-
FINAL APPROVED AMOUNT (-)	18,170/-
TPA DISCOUNT (-) (If applicable)	1239/-
Extra tariff deduction (-)	3000
DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)	5386
ADVANCE PAID (-)	-
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	2386/-

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

Beey

INSURANCE DEPARTMENT

BILLING DEPARTMENT

FRONT OFFICE INCHARGE

CENTRE HEAD



PARAMOUNT HEALTH SERVICE & INSURANCE TPA PRIVATE LIMITED
(IRDA License No.006) Validity: From 21-03-2023 to 20-03-2026

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
contact.phs@paramounttpa.com.

Branch Code : 080

Cashless Authorization Letter
(Part-D)

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

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

Dear Sir /Madam,
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:

Patient Name : DIBYARANJAN BEHERA	Age : 25	Gender : MALE
Policy Number : 411600/48/2025/809	Expected Date of Admission : 23/09/2024	Expected Date of Discharge :26/09/2024
Policy Period : 19/06/2024-18/06/2025	Estimated Length Of Stay:3	
Room category : GEN 1250/-, PVT 1800/- Category as per T&C of Policy Contract	Proposed line of treatment : Dengue Fever With Thrombocytopenia	
Provisional Diagnosis : Dengue Fever With Thrombocytopenia		

Claim Remarks:

Authorization Details :-

Claim No	Policy No	Date & Time	Reference number	Amount	Status
6994212	411600/48/2025/809	23/09/2024 06:38	5483190	10000	Authorized
6994212	411600/48/2025/809	26/09/2024 04:43	5490806	8170	Authorized

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:

- I Package Case:**
Agreed Package Rate : NA
- II Non-package Case:**
i. Room Rent/day : NA
ii. ICU Rent/day : NA
iii. Nursing Charges/day : NA
iv. Consultant Visit Charges/day : NA
v. Surgeon's fee/OT/Anesthetist : NA
vi. Others (specify) : NA

Authorization Summary:

Total Bill Amount	: 24795
*Other Deductions	: 5386
Discount	: 1239
Co-Pay	: 0
Deductibles	: 0
Total Authorised Amount	: 18170
Amount to be paid by insured	: 2386

(₹ 3000 Tariff Deduction not to be collected from Insured.)
(Not to be collected from insured.)

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 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	REGISTRATION 500/-, DISINFECTION 200/-, MRD 200/- DIETICIAN RS 500/-, DEDUTED 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 material difference/ deviation/ discrepancy in information is observed in discharge summary/ IPD records then cashless authorization shall stand null & void. At any point of time claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain 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 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 the MoU.
6. 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.
3. 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.
7. 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 amount will stand null & void.
2. 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 to 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 account 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.

**Medway JSP Hospital****The way to better health**

(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL		
Name : Mr. DIBYARANJAN BEIHERA		IP Number : IPC2024002630
Age / Sex : 23 Years / MALE		D.O.A. : 23/09/2024
Doctor Name : DR. ILANCHET CHENNI.,MD.,(GEN PHY)		D.O.D. : 26/09/2024
TPA Name : Paramount Health Services & Insurance TPA Pvt.		Claim No: 6994212
Insurance Name : The Oriental Insurance Co. Ltd.		
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 department		
Medway JSP Hospitals No: 70, Kancherappuram High Road Chengalpattu - 603 002		

f @MedwayHospitals

@medwayhospitals

in @medway-hospitals

@medwayhospitals



94557 945

1800 572 30

Medway Group of HospitalsKodambakkam
044-2473 4455Mogappair
044-26530011Chengalpattu
044-27426829Villupuram
04146-242000Kumbakonam
044-2473 4455Kakinada
0884-2333367**Medway Centre of Excellence (Cher**Heart Institute
044 - 4310 8959Institute of Pulmonology
044-2473 4451

4 floor
LABB

BILLING CARD

gen. wound - 59

Patient Name **Mr.DIBYARANJAN BEIHERA**

D.O.A. 23/9/24 Time 11:40 AM

IP No. 23-09/2024/IPC2024002630

Room No. Dr. ARTHI

Rent Per Day 1800/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
24/9/24	11am	ward 59C)	R. NO: 55 non AC	Arin

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

[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

23/9/24	LFT, urea, creatinine, Dengue NSI - 1906
24/9/24	CBC - 1950
25/9/24	CBC (1993)
26/9/24	CBC \Rightarrow 2028

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

[illegible][illegible][illegible][illegible]