Medway JSP Hospitals, Chengalpattu.

FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	Saravana Kumar	IP NO:	2638
AGE :	52	TPA:	
CONTACT NO :		INSURANCE:	Bajaj Allianz
DOA :	23/09/24	DOD:	24/09/24
CLAIM NO:			

FINAL BILL AMOUNT	31,638
FINAL APPROVED AMOUNT (-)	25,409
TPA DISCOUNT (-) (If applicable)	2725
DIFFRENCE AMOUNT (TO PAY BY THE PATIENT)	3506
ADVANCE PAID (-)	-
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	3506/-
(Dr. Akilan) Doctor Discount	506
CASH / ONLINE	3000/-

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

Bajaj Allianz General Insurance Co. Ltd.

BAJAJ Allianz
Caringly yours

Cashless Authorization Letter

Date :- 24 Sep 2024

6945793

AL No : HAT /25/6945793 (Please Use this no for any communication regarding this AL)

Claim Number OC-25-1002-8403-00279639

Authorization is valid for admission up to 08-Oct-2024

Medway JSP Hospitals, (A UNIT OF UNITED ALLIANCE HEALTHCARE PRIVATE LIMITED)
NO:70 KANCHEEPURAM HIGH ROAD,CHENGALPATTU,NEAR BY SEVENTHDAY SCHOOL,tamil nadu-603002

CHENGALPATTU
Pin Code:- 603002
Phone No:- ()27426829 Fax No:- ()

Rohini Id :- 8900080208087

Proposer Name:- Sarath Kumar M

Relation with Proposer:- Self

Patient ID card Number:- GMC-25150130015-53

Dear Sir/Madam,

This has reference to the pre authorization request submitted on 23-SEP-24 . We here by authorize cashless facility as per details mentioned below:

Patient Name : SARATH KUMAR M	**Age :** 33
Policy Number : OG-25-1501-8403-00000015	**Gender:** Male
Expected Date Of Admission : 23-SEP-24	**Expected Date Of Discharge :**24-SEP-24
Policy Period : 10-APR-24 to 09-APR-25	**Estimated length of stay :** 1
Availed Room Category : TWIN SHARING - AC	**Eligible Room category :**
Provisional Diagnosis : Phimosis	**Proposed line of treatment :** SURGICAL

Authorization Details:-

Date and Time	Reference Number	Amount	Status
24-SEP-2024	6945793	20000	CASHLESS APPROVED
24-SEP-2024	6945793	5409	CASHLESS APPROVED

Total Authorized amount: TWENTY-FIVE THOUSAND FOUR HUNDRED NINE Rs/-

Hospital Agreed Tariff:-

I.	Package Case	
	Agreed Package Case	/-
II.	Non Package Case	
i.	Room rent /day -	0/-
ii.	ICU rent /day -	0 /-
iii.	Nursing Charges /day-	0/-
iv.	Consultant Charges /day-	0/-
v.	Surgeon`s fee -	0/-

vi. OT charge - 0/-
vii. Anaesthetist - 0/-
viii. Others - /-

Authorization Summary:-

Note: ** Field are to be considered as a deduction and should not be added in the Bill Amount.**

Particular	Bill Amount	Disallowed Amount	Tariff Excess Deduction	Approved Amount	Disallowance Reason
Non-Medical Charges	900	900	0	0	Disinfection Charges-200,Mrd Charges-200,Registration Charges-500
Pharmacy Charges	4407	1106	0	3301	Surgicare Sterile Gloves-264,Face Mask Elastic-45,Easy glide-39,Gloves Medium-97,Cutaprep Solution 10% 100Ml-107,Rl 500Ml (Plastic Bottle) - Flexidrip-72,Easyfix (M) 1S-47,Cap Buffent - Queen Cap Life-care-50,Bactigras 10Cm X 10Cm-31,Lap Sponge 30X30Cm 8Ply (55).-354
Room Charges	2900	0	0	2900	
Discount***	2723	2723	0	---	10% on total bill excluding medicines & implants..(For all cashless claims)
OT Charges	4000	1000	0	3000	Ot Assistant Charges-1000
Nursing Charges	250	0	0	250	
Pathology Charges	3831	0	0	3831	
Doctor Charges	14500	500	0	14000	Dmo Charges (500 1Day)-500
Cardiology Charges	300	0	0	300	
Radiology Charges	550	0	0	550	

Payment Details

Claimed Amount	**31638**
Total Approved Amount	**25409**
Disallowed Amount	6229
Amount to be collected from Insured	3506
Beneficiary Name	FOR UNITED ALLIANCE HEALTHCARE PVT TLD

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

FINAL BILL		
Name : Mr.SARATH KUMAR		IP Number : IPC2024002638
Age / Sex : 32 / MALE		D.O.A. : 23/09/2024
Doctor Name : DR. SANKAR LINGAM.,MS.,(GEN SURG)		D.O.D. : 24/09/2024
TPA Name :Bajaj allianz general insurance		Claim No: 6945793
Insurance Name : Bajaj allianz general insurance		
S.No	Description	
1	REGISTRATION CHARGES	500
2	AC SINGLE ROOM CHARGES(2900* 1DAY)	2900
3	NURSING CHARGES (250* 1DAY)	250
4	DMO CHARGES (500*1DAY)	500
5	LAB CHARGES	3831
6	ECG CHARGES 1 No	300
7	X RAY CHARGES 1 No	550
8	OPERATION THEARTER CHARGES	3000
9	OT ASSISTANT CHARGES	1000
10	DRUGS CHARGES	4407
11	DISINFECTION CHARGES	200
12	MRD CHARGES	200
13	DR. SANKAR LINGAM.,MS.,(GEN SURG)	9500
14	DR.RAVI KUMAR.,MD.,DA	4500
	Total	31638

Rupees : Thirty One Thousand Six Hundred and Thirty Eight Only
Rs.31,638/-

Insurance depatment

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

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II - FLOOR A/C

BILLING CARD

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

Patient Name Mr.SARATHKUMAR.M CASH D.O.A. 22/9/24 Time 02:48 pm
32/Male/MIIC202474585

IP No. 23/09/2024/IPC2024002638

Room No. Dr.SANKARLINGAM Rent Per Day 2900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 23/09/24	OT No.	: II
Surgeon	: DR: Sankarlingam	Start Time	: 8:40 PM
I Asst. Surgeon	: -	End Time	: 9:10 PM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: DR: M. Ravikumar	C-Arm	: -
OT Nurse	: Srimathi	Arthroscopy	: -
Name of Surgery	: Circumcision	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

Date	Start	Date	Disconnect

VENTILATOR

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Santhalingam	23/9	24/9					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED : OT Given 4407	Nil

CROSS MATCHING :

RESERVATION OF BLOOD : Nil

STERILE TRAY USED :

TRANFUSION (BLOOD)

D.O.A 23/9/24

D.O.D 24/9/24

5PM

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Reetti

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
23/9/24	CBC. BT. CT. RBS. Bill No: 2024118999
23/9/24	Anti HCV. HBS AG, HIV I & II
	Urine R/E - 2024111900.

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
23/9/24	ECG	due	KOOSi.. } 202411954
23/09/24	Chesr Pos	Dw	Sho

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS