Medway JSP Hospitals, Chengalpattu.

FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	Mrs. Janani	IP NO:	2635
AGE :	24	TPA:	Medi Assist
CONTACT NO :	8270743388	INSURANCE:	Bharat
DOA :	23/9/24	DOD:	
CLAIM NO:	124794863		

FINAL BILL AMOUNT	68,493/-
FINAL APPROVED AMOUNT (-)	50,000/-
TPA DISCOUNT (-) (If applicable)	3,424/-
DIFFRENCE AMOUNT (TO PAY BY THE PATIENT)	15,069/-
ADVANCE PAID (-)	3,000/-
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	12,069/-

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

Pay

INSURANCE DEPARTMENT

BILLING DEPARTMENT

FRONT OFFICE INCHARGE

CENTRE HEAD

Medi Assist™

Medi Assist Insurance TPA Pvt. Ltd

XAP124794863

Date :26 Sep 2024

To,

The Administrator / Medical Superintendent,
J S P Hospitals Pvt Ltd,
#70, Kanchipuram High Road,
Hospital ID: (102383)
Rohini Id: 8900080208087

Dear Partner,

With reference to your request (124794863) for final cashless pre-authorization, we here by authorize INR **50000** against your final bill amount INR **68493**. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Janani Govindharaj
Relation to Primary Beneficiary	Spouse
Age	23
Gender	F
Insurance Company	The Oriental Insurance Co. Ltd.
Medi Assist ID	4058646013
Policy Holder	Renault Nissan Automotive India Pvt Ltd
IP No.	
Policy No.	570000/48/2025/97_RNAI
Policy/Plan Period	01 Apr 2024 to 31 Mar 2025
Primary Beneficiary	Silambarasan N
Insurer Claim No	
Insurer Member ID	

Treatment Details

Provisional Diagnosis	Single spontaneous delivery
Expected/Actual Date Of Admission	23 Sep 2024
Treating Doctor	Sasikala
Procedure / Treatment Planned	Spontaneous vertex delivery / normal delivery
Estimated/Actual Date of Discharge	26 Sep 2024
Room Category Occupied	Deluxe room
Length Of Stay	3
Eligible Room Category	Single Ward (Private / Special / Executive Ward)

Total Authorized amount Rs 50000 (Fifty Thousand).

Authorization Remarks :

FINAL APPROVAL ,NO CO PAY , DISCOUNT AMOUNT NOT TO BE COLLECTED FROM THE PATIENT

Note: If Top Up is available and applicable, as per policy conditions, Top Up claims will be processed and additional amounts will be approved along with base amount as per your benefit.

Authorization Summary

Total bill amount (INR)	68493
Other Deductions(INR)*	13935
Excess of Defined / Ailment Limit (INR)	1134
Hospital Discount (INR)	3424

FINAL BILL

Name : Mrs. JANANI	IP Number : IPC2024002635
Age / Sex : 24 / FEMALE	D.O.A. : 23/09/2024
Doctor Name : DR. SASIKALA.,MD.,DGO.,	D.O.D. : 26/09/2024
TPA Name : Medi Assist Insurance TPA India Pvt Ltd	Claim No: 124794863
Insurance Name : The Oriental Insurance Co. Ltd.	

S.No	Description	Value
1	ADMINISTRATION CHARGES	1000
2	GENERAL WARD CHARGES (1500*0.5DAY)	750
3	AC SINGLE ROOM CHARGES (2900*3DAYS)	8700
4	NURSING CHARGE (250* 3.5 DAYS)	875
5	BABY NURSING CHARGE (250* 2DAYS)	500
6	DMO CHARGES (500*3.5DAYS)	1750
7	LAB CHARGES	1203
8	BABY LAB CHARGES	2786
9	VACCINATION CARD	80
10	VACCINATION CHARGES	730
11	PHYSIOTHERAPHY CHARGES 2 Sittings	1000
12	CTG 2 Nos	1000
13	LABOUR ROOM CHARGES	9000
14	DRUGS CHARGES	9119
15	**DR. SASIKALA.,MD.,DGO.,**	**25000**
16	DR.ARAVINDH RAJHA.,MD.,(PAED)	3000
17	DR.AJAY.,MS.,(ENT)	1500
18	DIETITIAN CHARGES	500
	Total	**68493**

Rupees : Sixty Eight Thousand Four Hundred and Ninety Three Only
Rs.68,493/-

Insurance depatment

Medway JSP Hospitals
No: 70, Kanchi [illegible] Road
Chengalpattu - 603 002

I Floor General ward (11) 10 Am

BILLING CARD

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

Patient Name Mrs.JANANI
24/Female/MIIC202474588
IP No. 23/09/2024/IPC2024002635
Room No. Dr.SASIKALA

D.O.A 23.9.24 Time 01:50 PM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
23/9/24	7.00Pm	General. ward.	A/C Room 11	Vali

OPERATION THEATRE

Date :
Surgeon :
I Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist :
OT Nurse :
Name of Surgery : Normal delivery 24/9/24 at DR. Sasikala (mam)

OT No. :
Start Time :
End Time :
Dis. Pack :
Diathermy :
C-Arm :
Arthroscopy :
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

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sagi lcch	23/9	24/9	25/9	26/9			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Labour Non Replace BILL CLEARED : RETURNS CHECKED : 9119/-	—

E. Shoosin

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Diet consultation. dsi.

Admission Officer : Preethi	P.O.D. 26 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, Urine Routine: - 2411890

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

23/9/24	CPCR. —	due	[illegible] 24119 39
27/9	UTG —	du	[illegible]

CBG / **ABG** / **ACT**

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

PHYSIOTHERAPY

Date	
25/9/24	Karthika - PT
26/9	Physio (1)

NEBULIZER / **OTHERS**

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS