



Mr. JAIMAN A  
37 Male/MHV202404778  
25/09/2024/IPV2024009887

Patient ID: K.GAYATHRI MD

IP No. \_\_\_\_\_



## BILLING CARD

27 SEP 2024

25/09/24  
D.O.A. 3:30pm Time 3:30pm

Room No. Single Room non A/c 215

Rent Per Day 1400

### TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/9/24	2pm	OPD	WARD (315)	[Signature]

### OPERATION THEA TRE

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	:	Laproscope	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		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 / SCD PUMP

Date	Start	Date	Disconnect

### VENTILATOR

Date	Start	Date	Disconnect

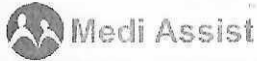
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

[illegible]



Medi Assist Insurance TPA Pvt. Ltd



XAP124792651

Date :27 Sep.2024

To,

The Administrator / Medical Superintendent,  
Medway Hospitals,  
No.15, Ranganathan Road, Poonthottam,  
Hospital ID: (386284)  
Rohini Id: 8900080589117

Dear Partner,

With reference to your request (124792651) for final cashless pre-authorization, we hereby authorize INR 18201 against your final bill amount INR 21220. The details of the pre-authorization are as follows:

**Patient Details**

Patient Name	Jaiman A
Relation to Primary Beneficiary	Self
Age	37
Gender	M
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	4050369006
Policy Holder	HITACHI ENERGY TECHNOLOGY SERVICES PRIVATE LIMITED (HETSPL)
IP No.	
Policy No.	87000034240400000352
Policy/Plan Period	15 Jul 2024 to 14 Jul 2025
Primary Beneficiary	Jaiman A
Insurer Claim No	TP00387000024900252507
Insurer Member ID	MEMBER2618

**Treatment Details**

Provisional Diagnosis	Type 2 diabetes mellitus with unspecified complications
Expected/Actual Date Of Admission	25 Oct 2024
Treating Doctor	GAYATHRI
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	27 Nov 2024
Room Category Occupied	Semi private room
Length Of Stay	33
Eligible Room Category	Single Ward ( Private / Special / Executive Ward)

Total Authorized amount Rs 18201 (Eighteen Thousand Two Hundred and One).

**Authorization Remarks :**

Approved NOTE NME Deducted, Discount applied as per mou.

**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)	21220
Other Deductions(INR)*	1115
Hospital Discount (INR)	1904
Deductibles (INR)	0
Total Authorized Amount(INR)	18201

Detailed list of deductions have been shared with the claimant

**Terms and conditions for authorization:**

1. Cashless authorization letter issued on the basis of information provided in pre authorization form. In case of misrepresentation/concealment of facts, any material difference/deviation/ discrepancy in information is observed in discharge summary / IPD records then cashless authorization stands null & void. At any point of claim processing Insurer or TPA reserves the right to raise queries for any other document to ascertain the 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 cost 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 the cost 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 policy holder from the network provider and/or take necessary action as provided under the MOU.
6. Where treatment / procedure to be carried out by a Doctor/Surgeon of insured's choice (not empaneled with the Hospital) network provider may give treatment after obtaining specific consent of the policyholder.
7. Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought are not admissible
8. Expenses are excluded which are not covered / not payable as per health insurance policy terms and conditions are not admissible
9. Expenses related to medicines/drugs incurred post discharge and Differential cost borne by the policyholder may be reimbursed by Insurer subject to terms and conditions of the policy

The following documents must be submitted in full within 7 days from date of discharge to enable settlement of claim:

1. Original cashless claim form in IRDAI format
2. Government ID proof and Medi Assist ID card of the patient along with KYC form
3. Detailed discharge summary with Main hospital bill along with Break-up of the bill amount being claimed
4. Cash memos from the Hospitals / Chemists supported by proper prescriptions
5. Diagnostic Test Reports, X-ray films, and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests
6. Original sticker for all the implants & high value consumables
7. Surgeon's Certificate stating the nature of operation performed and Surgeon's Bill and Receipt
8. Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge
9. Copy of the receipt for the amount settled by the patient / representative
10. Final hospital bills should be issued in the name of **The New India Assurance Co. Ltd** as a payer for payment of cashless claims. This is a mandatory requirement for claim settlement.
11. Please send cashless documents to the address mentioned in the last page of the letter. (Beneath signature)

Note: As per Modified Guidelines on Standards and Benchmarks for Hospitals in the Provider Network issued by IRDAI vide Circular Ref: IRDA/HLT/REG/GDL/114/07/2018 dated 27th July 2018, your Hospital is mandatorily required to Register with ROHINI and obtain either Pre-entry level Certificate (or higher level of certificate) issued by NABH or State Level Certificate (or higher level of certificate) under NQAS, issued by National Health Systems Resources Centre (NHSRC) on or before July 26, 2019.

**QUICK LINKS:**

**For partner hospital**

View this claim on [IHX](#). Not on IHX yet? [Sign Up](#) now.

Warm Regards,

Medi Assist Insurance TPA Pvt. Ltd  
CIN: U85199KA1999PTC025676.  
Cashless Processing Centre  
#58/1A, Singhasandra,  
Hosur Main Road,  
Begur Post,  
Bangalore, PIN - 560068.  
Helpline: 0120-6937324

**Disclaimer:** The TPA extends the cashless facility subject to the standard terms & conditions of the policy and the information provided in the cashless request form. We suggest that the patient continues with the treatment as advised by the treating doctor, irrespective of the pre-authorization/cashless facility.

App

Connect

THIS IS A SYSTEM GENERATED CORRESPONDENCE. PLEASE DO NOT REPLY TO THIS EMAIL