DOA: 24/9/24 at 9.44 am
DOD: 25/9/24 at 5Pm. 4 Floor ICU

Re-12-24

BILLING CARD

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

Patient Name Mr.MR. PERUMAL
79/Male/MIIC202474642
24/09/2024/IPC2024002645
Dr.ARTHI

IP No. _____

Room No. _____

D.O.A. 24.9.24 Time 09:44AM

Rent Per Day 4900/-

TRANSFER DETAILS

Date	Time	m	To	Nurse's Signature

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

Date	Start	Date	Disconnect
24/9/24	10am	24/9/24	10Pm.

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. Senthar Ungam (MS)	24/9/24						
Dr. Chenni (MD)	24/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : nil BILL CLEARED : RETURNS CHECKED : 3351/9	nil

CROSS MATCHING : Ei Sheerin.

RESERVATION OF BLOOD :

STERILE TRAY USED : nil

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Diet Consultation.

Admission Officer : G. Ayl

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
24/9	CBC, RBS, Urea, creatinin, LFT, electrolyts, / 1958
	HBA1C, Amylase, Lipase, urine complete
25/9/24	FBS - 1992

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

24/9/24	CHEST PA	DUE	V-V-MUTHU, 3 1968
24/9/24	ABDOMEN ERECT	DUE	V-V-MUTHU 1963
24/9/24	ECG	DUE	1968

CBG

DATE	NUMBERS	DATE	NUMBERS
24/9/24	1-1968		
24/9/24	1-1972		

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

DATE	NUMBERS	DATE	NUMBERS

PHYSIOTHERAPY

Date	

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS

OTHERS

DATE	NUMBERS	DATE	NUMBERS

Medway JSP Hospitals, Chengalpattu.

FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	Perumal	IP NO:	2645
AGE :	79	TPA:	Vidal
CONTACT NO :		INSURANCE:	Iffco tokio
DOA :	24/09/24	DOD:	25/09/24
CLAIM NO:			

FINAL BILL AMOUNT	27568
FINAL APPROVED AMOUNT (-)	25225
TPA DISCOUNT (-) (If applicable)	2422
DIFFRENCE AMOUNT (TO PAY BY THE PATIENT)	1921
ADVANCE PAID (-)	10,000
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	8079/-

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

INSURANCE DEPARTMENT BILLING DEPARTMENT

FRONT OFFICE INCHARGE CENTRE HEAD

FINAL BILL		
Name : Mr.PERUMAL		IP Number : IPC2024002645
Age / Sex : 79/ MALE		D.O.A. : 24/09/2024
Doctor Name : DR. ILANCHET CHENNI.,MD.,(GEN PHY)		D.O.D. : 25/09/2024
TPA Name :Vidal Health Insurance TPA Pvt Ltd		Claim No:COM-0924-PA-0000184
Insurance Name : IFFCO Tokio General Insurance Company Limited		
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	ICU CHARGES CHARGES (4900* 1.5 DAYS)	7350
3	NURSING CHARGES (250*1.5 DAYS)	375
4	LAB CHARGES	6442
5	ECG CHARGES 1 No	300
6	MONITER CHARGES (1000*0.5DAY)	500
7	X RAY CHARGES 1 No	550
8	ABDOMEN ERECT XRAY	800
9	DRUGS CHARGES	3351
10	DISINFECTION CHARGES	200
11	MRD CHARGES	200
12	DR. ILANCHET CHENNI.,MD.,(GEN PHY)	1000
13	DR.SANKAR LINGAM ,MS.,(GEN SURG)	1000
14	INTENVISIT CHARGES (3000 *1.5 DAYS)	4500
15	DIETITIAN CHARGES	500
	Total	27568

Rupees : Twenty Seven Thousand Five Hundred and Sixty Eight Only
Rs.27,568/-

Insurance depatment

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

Cashless Authorization Letter

(Part-D)

Printed on 25/09/2024
Date : 25/09/2024

Number: COM-0924-PA-0000184 (please quote this number for all further correspondence)

Authorization is valid for admission up to 24/09/2024

J.S.P. HOSPITAL 70, KANCHIPURAM HIGH ROAD Tamilnadu , 603002 04427428853 Rohini Id: 8900080208087	Name of Insurance Company	: IFFCO Tokio General Insurance Company Limited
	Name of TPA	: Vidal Health Insurance TPA Pvt Ltd
	Proposer Name	: SARAVANAN P
	Patient's MemberID / TPA/Insurer Id of the Patient	: COM-IT-A1690-002-0000351-C
	Relation with Proposer	: Father

Dear Sir /Madam ,
This has reference to the pre-authorization request submitted on 25/09/2024 01:22 PM , We here by authorize cashless facility as per details mentioned below:

Patient Name : S PERUMAL		Age : 78	Gender : Male
Policy Number : H1383670		Expected Date of Admission : 24/09/2024	
Policy Period : 01-05-24 TO 30-04-25		Expected Date of Discharge : 25/09/2024	
Room category : Single Room		Estimated length of stay : 1 days	
Eligible Room Category as per T&C of Policy Contract : Single Room			
Provisional Diagnosis : ACUTE CALCULUS CHOLECYSTITIS		Proposed line of treatment : Medical management	
Insurer Claim Number :			

Authorization Details :

Date and time	Reference number	Amount	Status
25/09/2024 02:18 PM	COM-0924-PA-0000184	23225	Approved

Total Authorized amount:- Rupees Twenty Three Thousand Two Hundred and Twenty Five Only **(in words**

Authorization Remarks:

AUTHORIZATION LETTER HAS BEEN APPROVED AS PERFINAL BILL AND DISCHARGE
SUMMARY.NONMEDICALEXPENSESARENOTPAYABLEASPERIRDAGUDILINES.
NOTE : DISCOUNT APPLIED AS PER MOU,KINDLY DONOTCOLLECTDISCOUNT
AMOUNTFROMTHEPATIENT.
KINDLY SUBMIT ICP NOTES , LAB REPORTS , FINAL BILL AND DISCHARGE SUMMARY
FORTHECLAIM.
A VALID PHOTO-ID PROOF IS MANDATORY DURING CLAIMS.

Hospital Agreed Tariff:

I **Package case :**

Agreed package rate :

II **Non -Package case :**

i. Room Rent / day :

ii. ICU Rent / day :

iii. Nursing Charges / day :

Iv. Consultant Visit Charges / day :

v. Surgeon's fee / OT / Anaesthetist :

vi. Others (specify) :

Authorization Summary:

Total Bill Amount	: 27568.00	(INR)
*Discount	: 2422.00	(INR) (At the time of Final Authorization)
Excess of package amount: (Not to be collected from the insured)	: 0.00	(INR) (At the time of Final Authorization)
*Other Deductions	: 1921.00	(INR) (At the time of Final Authorization)
Co-Pay	: 0.00	(INR)
Co-Pay Buffer	: 0.00	(INR)
Deductibles	: 0.00	(INR)
Exceeds Policy Limit	: 0.00	(INR)
Policy Deductable Amount	: 0.00	(INR)
Total Authorised Amount:	: 23225.00	(INR)
Amount to be paid by Insured	: 1921	(INR) (At the time of Final Authorization)

*** Discount & Other Deduction Details**

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	CONSULTATION	6500.00	650.00	5850.00	, Rs.650 deducted for discount.
2	FOOD/ DIETICIAN CHARGES	500.00	500.00	0.00	NOT PAYABLE
3	LABORATORY INVESTIGATIONS	8092.00	859.00	7233.00	, Rs.809 deducted for discount.
4	MISCELLANEOUS CHARGES	1400.00	1400.00	0.00	NME
5	PHARMACY	3351.00	161.00	3190.00	SYRINGES ARE NOT PAYABLE UCR deduction amount is. Rs.161
6	ROOM/BOARDING EXPENSES	7725.00	773.00	6952.00	, Rs.773 deducted for discount.