

**Medway JSP Hospitals, Chengalpattu.**  
**FINAL DISCHARGE ACCOUNTING SHEET DETAILS**

PATIENT NAME:	Mrs. Gayathri	IP NO:	2656
AGE :	26	TPA:	Medi
CONTACT NO :	908755776	INSURANCE:	New
DOA :	25/9/24	DOD:	27/9/24
CLAIM NO:	124782884		

FINAL BILL AMOUNT	28,950/-
FINAL APPROVED AMOUNT ( - )	28,977/-

TPA DISCOUNT ( - ) ( If applicable)	1,447/-
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DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)	4526/-
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ADVANCE PAID ( - )	-
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BALANCE AMOUNT (ACTUAL - <input checked="" type="checkbox"/> PAYABLE / REFUND )	4,526/-
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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

	BILLING DEPARTMENT
	INSURANCE DEPARTMENT

FRONT OFFICE INCHARGE	CENTRE HEAD
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Medi Assist

Medi Assist Insurance TPA Pvt. Ltd



XAP124782884

Date :27 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 (124782884) for final cashless pre-authorization, we hereby authorize INR 22977 against your final bill amount INR 28950. The details of the pre-authorization are as follows:

**Patient Details**

Patient Name	Gayathri Sathish
Relation to Primary Beneficiary	Spouse
Age	26
Gender	F
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	4064768366
Policy Holder	QUEST GLOBAL ENGINEERING SERVICES (P) LIMITED
IP No.	
Policy No.	87000034240400000356
Policy/Plan Period	01 Apr 2024 to 31 Mar 2025
Primary Beneficiary	SathishE
Insurer Claim No	TP00387000024900251578
Insurer Member ID	

**Treatment Details**

Provisional Diagnosis	Missed abortion
Expected/Actual Date Of Admission	25 Sep 2024
Treating Doctor	Sasikala
Procedure / Treatment Planned	Medical termination of Pregnancy ( MTP)
Estimated/Actual Date of Discharge	27 Sep 2024
Room Category Occupied	Single private room
Length Of Stay	2
Eligible Room Category	

Total Authorized amount Rs 22977 (Twenty Two Thousand Nine Hundred and Seventy Seven).

**Authorization Remarks :**

Cashless will be settled as per policy terms and agreed tariffs only Hospital discount is calculated as per agreed 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)	28950
Other Deductions(INR)*	2701
Hospital Discount (INR)	1447
Excess of Tarrif / Package (Not to be Collected From Patient) (INR)	1825



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.

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**Medway JSP Hospitals**

*The way to better health*

(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL		
Name : Mrs.GAYATHRI		
Age / Sex : 26/ FEMALE		IP Number : IPC2024002656
Doctor Name : DR.SASIKALA.,MD.,DGO.,		D.O.A. : 25/09/2024
TPA Name : Medi Assist Insurance TPA India Pvt Ltd		D.O.D. : 27/09/2024
Insurance Name : NEW INDIA ASSURANCE COMPANY LTD		Claim No: 124782884
S.No	Description	Value
1	ADMINISTRATION CHARGES	500
2	NON AC SINGLE ROOM CHARGES (1850*1 DAY)	1850
3	AC SINGLE ROOM CHARGES (2900*1.5 DAYS)	4350
4	NURSING CHARGE (250* 2.5 DAYS)	625
5	DMO CHARGES ( 500* 2.5 DAYS)	1250
6	LAB CHARGES	960
7	DISINFECTION CHARGES	200
8	MRD CHARGES	200
9	LABOUR ROOM CHARGES	5000
10	DRUGS CHARGES	3515
11	DR. SASIKALA .,MD .,D.G.O.,	10000
12	DIETITIAN CHARGES	500
	Total	28950
Rupees : Twenty Eight Thousand Nine Hundred and Fifty Only		
Rs.28,950/-		
Insurance department		
Medway JSP Hospitals No: 70, Kanchipuram High Road Chengalpattu - 603 002		

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94557 94557  
1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

Kodambakkam | Madannair | Chengalbattu | Villupuram | Kumbakonam | Kakinada

Heart Institute | Institute of Pulmonology



2nd floor

CASH

Re-10-39 Am.

100

Non-AC-Room

7

26/9/24 → 9.30 Am  
AC

D.O.A. 25/09/24 Time 10:05 PM

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

## BILLING CARD

Patient Name

Mrs. GAYATHRI

26 Female MIIC202474718

IP No.

25.09/2024/IPC2024002656

Room No.

Dr. SASKATA



Rent Per Day

1850/-

## TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
26/9/24	12:00pm	Room No: 7	Labour Room	Priya ✓
26/9/24	2:00pm	Labour Room	Room no: 7	Priya ✓
26/9/24	9:30am	R.no: 7 NON AC	R.no: 7 AC	Priya ✓

## 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	:	Laprosopy	:
Date: 26/09/24		Sevoflurane / Isoflurane	:
Boji expelled Labour Room at 12.45 pm		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

## VENTILATOR

Date	Start	Date	Disconnect





## 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

25/9/24 BT, CT, RBS; CBC : 202411999

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