FINAL DISCHARGE ACCOUNT	IP NO:	2656
ATIENT NAME: Mrs. Gayaffri		Medi
GE: 26	TPA: INSURANCE:	Naso.
ONTACT NO: 9087 55776	DOD:	07/9/24
OA: 25924	Прор.	12/10/
LAIM NO: 124782889		
ANGETRIT		28,950/-
INAL BILL AMOUNT		28,977/-
INAL APPROVED AMOUNT (-)		0),
		1,447/-
rPA DISCOUNT (-)(If applicable)		1,111
		1 11526/
DIFFRENCE AMOUNT (TO PAY BY THE PATIENT		4500
ADVANCE PAID (-)		
BALANCE AMOUNT (ACTUAL - PAYABLE	/ REFUND)	4,526/-
CASH /	ONLINE	
CASI	ONDINE	
If refund is above Rs.2,000/- transfer will be do		ENCLOSED
If refund is above Rs.2,000/- transfer will be don BANK DETAILS		ENCLOSED
If refund is above Rs.2,000/- transfer will be don BANK DETAILS FINAL BILL COPY		
If refund is above Rs.2,000/- transfer will be don BANK DETAILS		ENCLOSED ENCLOSED
If refund is above Rs.2,000/- transfer will be don BANK DETAILS FINAL BILL COPY FINAL APPROVAL COPY		ENCLOSED
If refund is above Rs.2,000/- transfer will be don BANK DETAILS FINAL BILL COPY		ENCLOSED ENCLOSED



Medi Assist Insurance TPA Pvt. Ltd



Date :27 Sep 2024

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

With reference to your request (124782884) for final cashless pre-authorization, we here by authorize INR 22977 against your final bill amount INR 28950. The details of the pre-authorization are as follows:

### **Patient Details**

attent betain	
Patient Name	Gayathri Sathish
Relation to Primary Beneficiary	Spouse
	. 26
age Conder	F F
Sender	The New India Assurance Co. Ltd
nsurance Company	4064768366
Medi Assist ID	QUEST GLOBAL ENGINERING SERVICES (P) LIMITED
Policy Holder	
P No.	8700003424040000356
Policy No.	01 Apr 2024 to 31 Mar 2025
Policy/Plan Period	SathishE
Primary Beneficiary	TP00387000024900251578
Insurer Claim No	
Insurer Member ID	

### **Treatment Details**

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

	28950
Total bill amount (INR)	2701
Other Deductions(INR)*	
Hospital Discount (INR)	1447
Excess of Tarrif / Package (Not to be Collected From Patient) (INR)	1825
Excess of Tarm / Package (Not to be consistent	ō

## 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, Casniess 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. KYC (know your customer) details of proposer/employee/beneficiary are mandatory for claim payout above Rs.1 lakh.

  Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except cost towards non admissible.
  - 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

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

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

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.

Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought are not admissible

Expenses are excluded which are not covered / not payable as per health insurance policy terms and conditions are not admissible 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:

Original cashless claim form in IRDAI format

Government ID proof and Medi Assist ID card of the patient along with KYC form

3.

Covernment ID proof and Medi Assist ID dard of the patient along with KTC form

Detailed discharge summary with Main hospital bill along with Break-up of the bill amount being claimed

Cash memos from the Hospitals / Chemists supported by proper prescriptions

Diagnostic Test Reports, X-ray films, and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic 5.

Original sticker for all the implants & high value consumables

Surgeon's Certificate stating the nature of operation performed and Surgeon's Bill and Receipt Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge 8.

Copy of the receipt for the amount settled by the patient / representative

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

Please send cashless documents to the address mentioned in the last page of the letter. (Beneath signature) 11.

Note: As per Modified Guidelines on Standards and Benchmarks for Hospitals in the Provider Network issued by IRDAl 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 & f





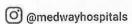
(A Unit of United Alliance Healthcare Pvt Ltd)

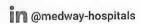
	FINAL BILL	
Name : M	rs.GAYATHRI	
Age / Sex	: 26/ FEMALE	IP Number : IPC2024002656
Doctor Na	me : DR.SASIKALA.,MD.,DGO.,	D.O.A.: 25/09/2024
TPA Name	: Medi Assist Insurance TPA India Pvt Ltd	D.O.D.: 27/09/2024
Insurance	Name : NEW INDIA ASSURANCE COMPANY LTD	Claim No: 124782884
S.No	Description	Value
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

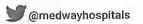
Rupees: Twenty Eight Thousand Nine Hundred and Fifty Only Rs.28,950/-

Insurance depatment











Itloor cash

De-10-39 Am.

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Acipida	80.00 pm	Lapore"	rkoom		NO.7	Priya	
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III Asst. Surge				Diathermy	<del>.</del>	$\overline{}$	
Anaesthetist	Ž.			C-Arm	•	$\overline{}$	
OT Nurse	• 1			Arthroscop	V :	V	
Name of Surg				Laproscop			
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CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
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	E-7	3515					
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RESERVATION OF BLOOD	: \						
STERILE TRAY USED:		nll					

TRANFUSION ( BLOOD )

ATTENDER'S HOLDING:

OTHER PROCDURES: Diet Consultation.

D-0-A: 2519124

Admission Officer:

D.O.D: 271912

R. Opm

D	OPER/	ATION THEATRE		
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I Asst. Surgeon		End Time		
II Asst. Surgeon	5	Dis. Pack	: 1	
III Asst. Surgeon	1:	Diathermy	: \	
Anaesthetist	:	C-Arm	: \	
OT Nurse	:	Arthroscopy	:	
Name of Surger	у:	Laproscopy	1	
		Sevoflurane / Isoflurane	1	
		Inj. Fentanyl	2.	
		Others	1	
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		1		

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