# Medway JSP Hospitals, Chengalpattu.

Medway JSP Hospita FINAL DISCHARGE ACCOU	als, Chengan Inting Sheet I	DETAILS
	IP NO:	2657
PATIENT NAME: Mr. Naveen Raj	TPA:	Vida
GE 1200 - 1 - 12	INSURANCE:	National
CONTACT NO: 7825506513	DOD:	27/8/28/
DOA: 25/9/29 CLAIM NO: GUR-D924-PP-00	10 190	17.17
CLAIM NO: GUR- 0924 - PA- 00	12011	
· ·		20,779/-
FINAL BILL AMOUNT		1-072/-
FINAL APPROVED AMOUNT (-)		15,013/
CINAL AFFROVED IMPLEMENTATION		N.
		1,871/-
TPA DISCOUNT (-) (If applicable)		1,0
MO BAY BY THE PATIE	NT)	3,835/-
DIFFRENCE AMOUNT (TO PAY BY THE PATIE	MX)	
ADVANCE PAID (-)		
BALANCE AMOUNT (ACTUAL - PAYABLE	E / REFUND)	3,835/
CASH /	ONLINE	
If refund is above Rs.2,000/- transfer will be	done by online.	
		ENCLOSED
BANK DETAILS		ENCLOSED
FINAL BILL COPY		ENCLOSED
FINAL APPROVAL COPY		
Perj		
INSURANCE DEPARTMENT		BILLING DEPARTME
INSURANCE DEPARTMENT		
TRONG OFFICE INCHARGE		CENTRE HE
THE OFFICE INCHARGE		

FRONT OFFICE INCHARGE



### **Cashless Authorization Letter**

Printed on 27/09/2024 Date: 27/09/2024

(Part-D)

Claim Number: GUR-0924-PA-0012699

(please quote this number for all further correspondence)

Authorization is valid for admission up to 25/09/2024

uthorization is valid for admission		
authorization is valid for authorization of a	2	: NATIONAL INSURANCE COMPANY LTD
LOS DI LIOSPITAL	Name of Insurance Company	
J.S.P. HOSPITAL	Name of TPA	: Vidal Health Insurance TPA Pvt Ltd
70, KANCHIPURAM HIGH ROAD		: NAVEENRAJ M
	Proposer Name	
	Patient's MemberID / TPA/Insurer Id of the Patient	: GUR-NC-A1541-001-0001492-A
	Relation with Proposer	: Self
Tamilnadu , 603002		
04427428853		
Rohini Id: 8900080208087		

This has reference to the pre-authorization request submitted on 27/09/2024 01:06 PM , We here by authorize cashless facility as per details mentioned below:

		NAVEENRAJ M	Age : 27	Ge	ender : Male
Patient Name	•		Expected Date of Admission		25/09/2024
Policy Number	:	351800502410001209	Expected Date of Administra	-	WARRIED STREET, CO.
Policy Period	:	01-08-24 TO 31-07-25	Expected Date of Discharge		27/09/2024
Room category	- :	Single Room	Estimated length of StaV	:	2 days
Eligible Room Category as per T&C	1	Single Room	Estimated length of stay		enut eller entre e
of Policy Contract	121-11		Proposed line of treatment	:	Medical management
Provisional Diagnosis	1	AFI			
Insurer Claim Number	- 1	351800502491041823			

#### Authorization Details :

zation Details :				
Date and time	Reference number	Amount	Status	
	GUR-0924-PA-0012699	15073	Approved	
7/09/2024 01:18 PM	CONTOC			

Total Authorized amount:- Rupees Fifteen Thousand and Seventy Three Only

#### Authorization Remarks:

- .\*\*\* FINAL APPROVAL GIVEN
- \*\*\*Enhanced As Per The Final Bill And D/S. Previous Atl Stands Null And Void.
- \*\*\*NON-MEDICAL EXPENSES ARE NOT PAYABLE.
- \*\*\*Discount Applied Kindly Do Not Collect From Patient Other Then NME
- \*\*\* Subject To Verification During Claims. A Valid Photo Id Of The Patient Is Mandatory During Claims
- \*\*\*if there will be any discrepancy found cashless will be rejected at any stage.
- \*\*\*CO PAYMENT APPLICABLE

#### Hospital Agreed Tariff:

#### 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	: 20779.00	(INR)
*Discount	: 1871.00	(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	:2160.00	(INR) (At the time of Final Authorization)
Co-Pay	: 1675.00	(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: Amount to be paid by Insured	: 15073.00 : 3835	(INR) (INR) (At the time of Final Authorization)

#### \* Discount & Other Deduction Details

S.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	DMO CHARGES	1000.00	1000.00	0.00	DMO
2	LABORATORY INVESTIGATIONS	7614.00	761.00	6853.00	, Rs.761 deducted for discount.
3	MISCELLANEOUS CHARGES	900.00	900.00	0.00	MISS
<del></del>	NURSING CHARGES	500.00	50.00	450.00	, Rs.50 deducted for discount.
5	PHARMACY	2065.00	0.00	2065.00	
6	PROFESSIONAL	2400.00	240.00	2160.00	, Rs.240 deducted for discount.
7	REGISTRATION FEES	500.00	500.00	0.00	REG
 8	ROOM/BOARDING EXPENSES	5800.00	580.00	5220.00	, Rs.580 deducted for discount.

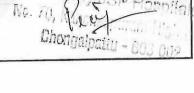


(A Unit of United Alliance Healthcare Pvt Ltd)

distriction of the same	FINAL BILL			
Name : Mi	. NAVEEN RAJ			
	27 Years / MALE	IP Number : IPC2024002657		
Doctor Na		D.O.A.: 25/09/2024		
TPA Name : Vidal Health Insurance TPA Pvt Ltd		D.O.D.: 27/09/2024		
Insurance Name: NATIONAL INSURANCE COMPANY LTD		Claim No: GUR-0924-PA-0012699		
S.No	Description	Value		
1	REGISTRATION CHARGES	500		
2	AC SINGLE ROOM CHARGES (2900*2 DAYS)	5800		
3	NURSING CHARGES (250 * 2 DAYS)	500		
4	DMO CHARGES (500*2 DAYS)	1000		
5	LAB CHARGES	6564		
6	X RAY CHARGES	750		
7	ECG CHARGES	300		
8	DRUGS CHARGES	2065		
9	DISINFECTION CHARGES	200		
10	MRD CHARGES	200		
11	DR. ILANCHET CHENNI.,MD.,(GEN PHY)	2400		
12	DIETITIAN CHARGES	500		
	Total	20779		

Rupees: Twenty Thousand Seven Hundred and Seventy Nine Only Rs.20,779/-

Insurance depatment





## D.O. A 25/9/24

DO. D27/9/24 at 20m

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(DO)

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II Asst. Surg				Dis. Pack					
III Asst. Surgeon :				Diathermy					
Anaesthetis				C-Arm					
OT Nurse :			Arthroscopy:						
Name of Surgery:				Laproscopy:					
				Sevoflurane / Isoflurane :					
					: 2ml 10ml/l	nj. Morphine			
				Others	(*)				
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CONCILIZAN							
CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. chenni (MD)	25/9/20	26/9/24					
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III Asst. Surg		Diathermy	
Anaesthetist		C-Arm	:
OT Nurse		Arthroscopy	1
Name of Su	rgery :	Laproscopy	:
		Sevoflurane / Isof	lurane :
		Inj. Fentanyl	:
		Others	:
Date		LABORATORY	7
25/9/24	CORP. HIND, MD & ME. CRI	CLET, Glucoce	Random, Unea,
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