

Medway JSP Hospitals, Chengalpattu.
FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	Mr. Naveen Raj	IP NO:	2657
AGE :	27	TPA:	Vidal
CONTACT NO :	9825006513	INSURANCE:	National
DOA :	25/9/24	DOD:	27/9/24
CLAIM NO:	GDR-0924-PA-0012699		

FINAL BILL AMOUNT	20,779/-
FINAL APPROVED AMOUNT (-)	15,073/-
TPA DISCOUNT (-) (If applicable)	1,871/-
DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)	3,835/-
ADVANCE PAID (-)	
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	3,835/-

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

Peey

INSURANCE DEPARTMENT

BILLING DEPARTMENT

FRONT OFFICE INCHARGE

CENTRE HEAD



Cashless Authorization Letter

(Part-D)



Printed on 27/09/2024

Date : 27/09/2024

Claim Number: GUR-0924-PA-0012699 (please quote this number for all further correspondence)

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

J.S.P. HOSPITAL	Name of Insurance Company : NATIONAL INSURANCE COMPANY LTD
70, KANCHIPURAM HIGH ROAD	Name of TPA : Vidal Health Insurance TPA Pvt Ltd
	Proposer Name : NAVEENRAJ M
	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	

Dear Sir /Madam ,
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:

Patient Name : NAVEENRAJ M	Age : 27	Gender : Male
Policy Number : 351800502410001209	Expected Date of Admission : 25/09/2024	
Policy Period : 01-08-24 TO 31-07-25	Expected Date of Discharge : 27/09/2024	
Room category : Single Room	Estimated length of stay : 2 days	
Eligible Room Category as per T&C of Policy Contract : Single Room		
Provisional Diagnosis : AFI	Proposed line of treatment : Medical management	
Insurer Claim Number : 351800502491041823		

Authorization Details :

Date and time	Reference number	Amount	Status
27/09/2024 01:18 PM	GUR-0924-PA-0012699	15073	Approved

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 All 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:**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	: 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:	: 15073.00	(INR)
Amount to be paid by Insured	: 3835	(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
4	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.



Medway JSP Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL		
Name : Mr. NAVEEN RAJ		
Age / Sex : 27 Years / MALE		IP Number : IPC2024002657
Doctor Name : DR. ILANCHET CHENNI.,MD.,(GEN PHY)		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 department		

Medway JSP Hospitals
No. 70, ...
Chengalpattu - 603 002

D.O.A 25/9/24

Re-12.02

D.O.D 27/9/24 at 2pm

II Floor

C114

**BILLING CARD**Patient Name: **Mr. NAVEEN RAJ**D.O.A. 25/9/24 Time 3.29 PMIP No. 25.09/2024/IPC/2024002657Room No. Dr. ARTHIRent Per Day 2,900/-**TRANSFER DETAILS**

Date	Time	From	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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED**SCD PUMP****VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

205/09/24

EM
Chess Po

~~Due~~
Due

Subk. 2
2041

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS