I Floor (10) (non AC)

BILLING CARD

CASH

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

Patient Name: Mrs.MANJU PRIYA 28/Female/MIIC202474922
IP No.: 28/09/2024/IPC2024002681
Room No.: Dr.VALLIAMMAL K

D.O.A. 28/9/24 Time 2.54 AM

Rent Per Day 1,850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 28/9/24	OT No.	: II
Surgeon	: DR! Valliammal	Start Time	: 6:25 AM
I Asst. Surgeon	: DR! Malini	End Time	: 7:10 AM
II Asst. Surgeon	: –	Dis. Pack	: –
III Asst. Surgeon	: –	Diathermy	: –
Anaesthetist	: DR! M. Ravi Kumar	C-Arm	: –
OT Nurse	: SIN: Regina	Arthroscopy	: –
Name of Surgery	: LSCS	Laproscopy	: –
		Sevoflurane / Isoflurane	: –
		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

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Valliammal (DAW)	28/9/24	29/9/24	30/9/24	01/10/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	OT Given 23990/- S. Saranya.

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED : Nil

TRANFUSION (BLOOD)

D.O.A - 28/9/24

D.O.D - 01/10/24

Time - 12pm

ATTENDER'S HOLDING :

OTHER PROCDURES : Diet Consultation.

Admission Officer :

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
2/8/9/24	CBC, BT, CT, RBS - 2A1207b.

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

CBG

DATE	NUMBERS	DATE	NUMBERS

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

PHYSIOTHERAPY

Date	
29/9/24	Karthika - PT
30/9/24	Karthika - PT
01/10/24	karthika - PT

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS

OTHERS

DATE	NUMBERS	DATE	NUMBER

Medway JSP Hospitals, Chengalpattu.

FINAL DISCHARGE ACCOUNTING SHEET DETAILS

PATIENT NAME:	Mrs. MANJUPRIYA	IP NO:	2681
AGE :	28	TPA:	Bajaj
CONTACT NO :	8056540207	INSURANCE:	
DOA :	28/09/2024	DOD:	01/10/24
CLAIM NO:			

FINAL BILL AMOUNT	97,082/-
FINAL APPROVED AMOUNT (-)	73,576
TPA DISCOUNT (-) (If applicable)	7309
DIFFRENCE AMOUNT (TO PAY BY THE PATIENT)	16197
ADVANCE PAID (-)	—
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	16197/-

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 : Mrs.MANJUPRIYA	
Age / Sex : 28/ FEMALE	IP Number : IPC2024002681
Doctor Name : DR.VALLIAMMAL.,MBBS.,DGO.,	D.O.A. : 28/09/2024
TPA & Insurance Name : Bajaj Allianz	D.O.D. : 01/10/2024
	Claim No: 6977271

S.No	Description	Value
1	ADMINISTRATION CHARGES	1000
2	NON AC SINGLE ROOM CHARGES (1850 * 3.5 DAYS)	6475
3	NURSING CHARGE (250* 3.5 DAYS)	875
4	DMO CHARGES (500* 3.5 DAYS)	1750
5	PHYSIOTHERAPHY CHARGES 3 Time	1500
6	LAB CHARGES	1059
7	OPERATION THEARTER CHARGES	10000
8	OT ASSISTANT CHARGES	5000
9	BABY NURSING CHARGE (250* 3.5DAYS)	875
10	BABY LAB CHARGES	3478
11	BABY X RAY CHARGES	750
12	BABY WAMER CHARGES	750
13	VACCINATION CARD	80
14	DRUGS CHARGES	23990
15	**DR.VALLIAMMAL.,MBBS.,DGO.,**	**21000**
16	DR. MALINI .,MD .,.D.G.O.,	**5500**
17	DR.RAVI KUMAR., MD., DA.,	7500
18	DR. PRATHAP., MD.,DM (NEONATAL)	3500
19	DR.SHEETAL.,MS.,(ENT)	1500
20	DIETITIAN CHARGES	500
	Total	**97082**

Rupees : Ninety Seven Thousand and Eighty Two Only
Rs.97,082/-

Insurance depatment

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

Bajaj Allianz General Insurance Co. Ltd.

Caringly yours

Cashless Authorization Letter

Date :- 01 Oct 2024

6977271

AL No : HAT /25/6977271 (Please Use this no for any communication regarding this AL)

Claim Number OC-25-1002-8403-00289994

Authorization is valid for admission up to 13-Oct-2024

Medway JSP Hospitals, (A UNIT OF UNITED ALLIANCE HEALTHCARE PRIVATE LIMITED)
NO:70 KANCHEEPURAM HIGH ROAD,CHENGALPATTU,NEAR BY SEVENTHDAY SCHOOL,tamil nadu-603002

CHENGALPATTU
Pin Code:- 603002
Phone No:- ()27426829 Fax No:- ()

Rohini Id :- 8900080208087

Proposer Name:- K Sudharsanan

Relation with Proposer:- Spouse

Patient ID card Number:- GMC-24150130188-SE45043A

Dear Sir/Madam,

This has reference to the pre authorization request submitted on 28-SEP-24 . We here by authorize cashless facility as per details mentioned below:

Patient Name : MANJUPRIYA D	**Age :** 28
Policy Number : OG-24-1501-8403-00000188	**Gender:** Female
Expected Date Of Admission : 28-SEP-24	**Expected Date Of Discharge :**01-OCT-24
Policy Period : 01-JAN-24 to 31-DEC-24	**Estimated length of stay :** 3
Availed Room Category : TWIN SHARING - AC	**Eligible Room category :**
Provisional Diagnosis : Primi LSCS	**Proposed line of treatment :** SURGICAL

Authorization Details:-

Date and Time	Reference Number	Amount	Status
01-OCT-2024	6977271	73576	CASHLESS APPROVED

Total Authorized amount: SEVENTY-THREE THOUSAND FIVE HUNDRED SEVENTY-SIX Rs/-

Hospital Agreed Tariff:-

I.	Package Case	
	Agreed Package Case	/-
II.	Non Package Case	
i.	Room rent /day -	0/-
ii.	ICU rent /day -	0 /-
iii.	Nursing Charges /day-	0/-
iv.	Consultant Charges /day-	0/-
v.	Surgeon`s fee -	0/-
vi.	OT charge -	0/-

vii. Anaesthetist - 0/-
viii. Others - /-

Authorization Summary:-

Note: ** Field are to be considered as a deduction and should not be added in the Bill Amount.**

Particular	Bill Amount	Disallowed Amount	Tariff Excess Deduction	Approved Amount	Disallowance Reason
Miscellaneous	80	80	0	0	Vaccination Card-80
OT Charges	15000	5000	0	10000	Ot Assistant Charges-5000
Radiology Charges	750	0	0	750	
Discount***	7309	7309	0	---	10% on total bill excluding medicines & implants
Pharmacy Charges	23990	7617	0	16373	Gloves Medium (Pioneer-Softhands)-161,Infant Feeding Tube-253,Surgicare Sterile Gloves-968,Easyglide-78,Face Mask Elastic-55,Urobag-360,Lap Sponge 30X30Cm 8Ply (5S).-354,Volini Spray 40Gm-187,Baby Diaper-Mamy-poko/Medium 6S-99,Cutaprep Solution 10% 100Ml-107,Lox 2% Jelly-37,Cotton 400 Gms-Rama-raju-694,Betadine 20Gm Ointment-145,Lscs Pack-1500,Justin 100 Mg Suppository-36,Under Pad - Easyfit-720,Baby Wipes - Baby Sense 80S-234,Easyfix (M) 1S-94,Mamy Poko Pants Nb-495,New Mom Maternity Pad Combo Kit (4 1)-930,Cap Buffent - Queen Cap Lifecare-110
Room Charges	6475	0	0	6475	
Doctor Charges	42750	1750	0	41000	Dmo Charges (500 3.5 Days)-1750
Equipment Charges	750	750	0	0	Baby Warner Charges-750
Non-Medical Charges	1000	1000	0	0	Administration Charges-1000