

58(1)

**BILLING CARD**

D. O. A. 30/9/24 Time 04:11pm

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

Mrs. GNANAPRIYA

Patient Name 32 Female MIIC202475140

IP No. 30.09/2024/IPC2024002710

Room No. Dr. ARTHI



Rent Per Day 1700/-

**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature
11/10/24	12:00 PM	Twin ward 5811	Dsluxe 501B	ARTI 172

**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**

Date	Start	Date	Disconnect

**INFUSION PUMP**

Date	Start	Date	Disconnect

**OXYGEN**

Date	Start	Date	Disconnect

**SYRINGE PUMP**

Date	Start	Date	Disconnect

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

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]



[illegible]

LABORATORY

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

30/09/24	Chest X-ray	Dm	8/20/24
30/09/24	ECG	Due	2201

**CBG**

**ABG**

**ACT**

**DATE**

**NUMBERS**

**DATE**

**NUMBERS**

**DATE**

**NUMBERS**

**DATE**

**NUMBERS**

**Date**

**PHYSIOTHERAPY**

**NEBULIZER**

**OTHERS**

**DATE**

**NUMBERS**

**DATE**

**NUMBERS**

**DATE**

**NUMBERS**

**DATE**

**NUMBERS**



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

PATIENT NAME:	<i>Gnanapriya</i>	IP NO:	<i>2710</i>
AGE :	<i>52</i>	TPA:	<i>Neli</i>
CONTACT NO :		INSURANCE:	<i>Oriental</i>
DOA :	<i>30/09/24</i>	DOD:	<i>02/10/24</i>
CLAIM NO:			

FINAL BILL AMOUNT	<i>16517</i>
FINAL APPROVED AMOUNT ( - )	<i>141244</i>
TPA DISCOUNT ( - ) ( If applicable)	<i>826</i>
DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)	<i>1447</i>
ADVANCE PAID ( - )	<i>—</i>
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	<i>1447</i>

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

*[Signature]*  
INSURANCE DEPARTMENT

BILLING DEPARTMENT

FRONT OFFICE INCHARGE

CENTRE HEAD



**Medway JSP Hospital**

*The way to better health*

(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL		
Name : Mrs.GNANAPRIYA		
Age / Sex : 32 / FEMALE		IP Number : IPC2024002710
Doctor Name: DR. ILANCHET CHENNI.,MD.,(GEN PHY)		D.O.A. : 30/09/2024
TPA Name : Medi Assist Insurance TPA India Pvt Ltd		D.O.D : 02/10/2024
Insurance Name : The Oriental Insurance Co. Ltd.		Claim No: 124926810
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	NON AC TWIN SHARING ROOM CHARGES (1700*1DAY)	1700
3	AC TWIN SHARING ROOM CHARGES (2000*1DAY)	2000
4	NURSING CHARGES (250*2 DAYS)	500
5	DMO CHARGES ( 500* 2 DAYS)	1000
6	LAB CHARGES	5030
7	X RAY CHARGES 1 No	550
8	ECG CHARGES 1 No	300
9	DRUGS CHARGES	2037
10	DISINFECTION CHARGES	200
11	MED CHARGES	200
12	DR. ILANCHET CHENNI.,MD.,(GEN PHY)	2000
13	DIETITIAN CHARGES	500
Total		16517
Rupees : Sixteen Thousand Five Hundred and Seventeen Only Rs.16,517/-		
Insurance department		
Medway JSP Hospitals No: 70, Kanchasekaram High Road Chennai - 603 002		



Medi Assist

Medi Assist Insurance TPA Pvt. Ltd



Date :02 Oct 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 (124926810) for final cashless pre-authorization, we here by authorize INR 14244 against your final bill amount INR 16517. The details of the pre-authorization are as follows:

**Patient Details**

Patient Name	Gnanapriya K
Relation to Primary Beneficiary	Spouse
Age	32
Gender	F
Insurance Company	The Oriental Insurance Co. Ltd.
Medi Assist ID	4058641106
Policy Holder	Renault Nissan Automotive India Pvt Ltd
IP No.	
Policy No.	570000/48/2025/97_RNAI
Policy/Plan Period	01 Apr 2024 to 31 Mar 2025
Primary Beneficiary	Kolanjiyabban S
Insurer Claim No	
Insurer Member ID	

**Treatment Details**

Provisional Diagnosis	Diaorrhoea & gastroenteritis of presumed infectious origin
Expected/Actual Date Of Admission	30 Sep 2024
Treating Doctor	Ilanchet chenni
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	02 Oct 2024
Room Category Occupied	Single private room
Length Of Stay	2
Eligible Room Category	Single Ward ( Private / Special / Executive Ward)

Total Authorized amount Rs 14244 (Fourteen Thousand Two Hundred and Forty Four).

**Authorization Remarks :**

final approval

**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)	16517
Other Deductions(INR)*	1447
Hospital Discount (INR)	826
Deductibles (INR)	0
Total Authorized Amount(INR)	14244
	1447



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 Oriental Insurance 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: U65199KA1999PTC025676.  
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



THIS IS A SYSTEM GENERATED CORRESPONDENCE. PLEASE DO NOT REPLY TO THIS EMAIL