58(I)

					W 186000	lain	Showing
Medway JSP I	Hoenitale		BILLING	CARD	0		
	er health althcare Put L. Mrs.GNAN	PRIYA				1 7	6
180	The second secon	0202475140	9		D.O.A. 30	19 Dep Time	04:11p
Patient Nam	e 32 Female MIII 30 09/2024/IPC	2024002710				(4)	
IP No.	Dr ARTHI				Rent Per Day	1700	11-
Room No.				DETAIL C	Rent Per Day	y	
			INANSFER			Nursa's	Signature
Date	Time	F	rom	To			172
1110 24	18:00 Pm	TWIN W	1029 Perco	Daluxe	50'B'	an 4.	172
11.449							
			OPERATION				
Date	:			OT No.	:		
Surgeon	:			Start Time			
I Asst. Surg	eon :			End Time	:		
II Asst. Surg	geon :			Dis. Pack	٠		
III Asst. Surg	geon :			Diathermy	:		
Anaesthetis	st :			C-Arm	(a)		
OT Nurse	:			Arthroscopy	<i>i</i> :		
Name of Su	irgery:			Laproscopy		The state of the s	
				Sevoflurane	/ Isoflurane :		
				Inj. Fentany	l: 2ml 10ml/ln	ij. Morphine	
				Others	:		
	MON	IITOR			INFUSIO	ON PUMP	
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
Date	Start	Date	D.10001111001		1		
	-				+	 	
*							
	OVY	GEN			SYRING	E PUMP	
	The second second		Disconnect	Date	Start	Date	Disconnect
Date	Start	Date	Disconnect	Date	Start	Buto	
-					-		
					1		
				007 7:115		VERITH AT	OP.
A	LPHA BED			SCD PUMP		VENTILAT	
Date	Start	Date	Disconnec	Date	Start	Date	Disconnec
			-				
						3 Su-	
			4	1			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
r. chenni	30/9/24	1/10/24			N. Company of the Com		
*							
							3*3

			2				
PHARMACY				AMBULANCE			
OT DRUGS REPLACED :				,	\		
BILL CLEARED :	1	9037	_				
	K	M. Prya	Ica				
RETURNS CHECKED :		H. h. J.	4				
CROSS MATCHING:							
	()						
RESERVATION OF BLO	OD:						
STERILE TRAY USED :	9						
OTERNEE TRAIL GOLD.							
TRANFUSION (BLOOD							

OTHER PROCDURES: Died consultation of

ATTENDER'S HOLDING:

Admission Officer : 3

DOD on 2/10/.

Sister In-charge

	OPERATI	ON THEATRE			
Date		OT. No. :			
Surgeon		Start Time :			
I Asst. Surg		End Time :			
II Asst. Surg		Dis. Pack :			
III Asst. Surg		Diathermy :			
Anaesthetis		C-Arm :			
OT Nurse	:	Arthroscopy :			
Name of Surgery :		Laproscopy :			
		Sevoflurane / Isoflurane :			
		Inj. Fentanyl :			
	/ /	Others :			
Date		LABORATORY			
30/9/2A	Urea, widal, RRC, Ele	Avolytes, CBC, LFT, Creatinine (2188)			
11024	FBS (2219)				
1/10/24	Usine culture of sen	litivity (2236)			
	1				
-					

30/09/2	· Ch	34 7	200	Dru	80	0	
30/9/2	A FCG1	9 1		Due	8	9 220	ſ
0 1 1/2	7)	
	+						
o de la compania del compania del compania de la compania del la compania de la compania del la compania de la compania del la compania de							
20-290-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0							
		3G			ABG		ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMB
		•					
		1					
			<u> </u>				
						•	
Date			PH	YSIOTHERA	APY		
							211
						manus manus malli ac	
							-

		- 11-21					
	NEBUL	_IZER			OTHER	RS	
DATE	NEBUL NUMBERS	IZER DATE	NUMBERS	DATE	OTHER	RS	NUMBE
DATE			NUMBERS	DATE	1		NUMBE
DATE			NUMBERS	DATE	1		NUMBE
DATE			NUMBERS	DATE	1		NUMBE
DATE			NUMBERS	DATE	1		NUMBE

Medway JSP Hospitals, Chengalpattu. FINAL DISCHARGE ACCOUNTING SHEET DETAILS

If refund is above Rs.2,000/- transfer will be done by online. BANK DETAILS FINAL BILL COPY FINAL APPROVAL COPY	ENCLOSED ENCLOSED ENCLOSED BILLING DEPARTMENT CENTRE HEA
If refund is above Rs.2,000/- transfer will be done by online. BANK DETAILS FINAL BILL COPY FINAL APPROVAL COPY	ENCLOSED ENCLOSED
If refund is above Rs.2,000/- transfer will be done by online. BANK DETAILS FINAL BILL COPY FINAL APPROVAL COPY	ENCLOSED ENCLOSED
If refund is above Rs.2,000/- transfer will be done by online. BANK DETAILS FINAL BILL COPY FINAL APPROVAL COPY	ENCLOSED ENCLOSED
If refund is above Rs.2,000/- transfer will be done by online. BANK DETAILS FINAL BILL COPY	ENCLOSED
If refund is above Rs.2,000/- transfer will be done by online. BANK DETAILS FINAL BILL COPY	ENCLOSED
If refund is above Rs.2,000/- transfer will be done by online. BANK DETAILS FINAL BILL COPY	ENCLOSED
If refund is above Rs.2,000/- transfer will be done by online. BANK DETAILS	
	ENCLOSED
CASH / ONLINE	
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	(77 /
ADVANCE PAID (-)	1 3 2 5
DIFFRENCE AMOUNT (TO PAY BY THE PATIENT)	TAY!
	1114
PA DISCOUNT (-) (If applicable)	826
INAL ATTROVES TALLET	,
INAL BILL AMOUNT INAL APPROVED AMOUNT (-)	14,244
THE PARTITION OF THE PA	16517
LAIM NO:	
ONTACT NO: 20 09 Ze DOD:	6200101
ONTACT NO:	College
	Nell
GE: TPA: INSURANCE:	



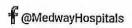
(A Unit of United Alliance Healthcare Pvt Ltd)

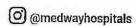
	FINAL BILL	
Name: N	irs.GNANAPRIYA	
Age / Sex	: 32 / FEMALE	IP Number : IPC2024002710
Doctor Na	ame: DR. ILANCHET CHENNI.,MD.,(GEN PHY)	D.O.A. : 30/09/2024
TPA Name	e : Medi Assist Insurance TPA India Pvt Ltd	D.O.D : 02/10/2024
Insurance	e Name : The Oriental Insurance Co. Ltd.	Claim No: 124926810
S.No	Description	Value
1	REGISTRATION CHARGES	50
2	NON AC TWIN SHARING ROOM CHARGES (1700*1DAY)	170
3	AC TWIN SHARING ROOM CHARGES (2000*1DAY)	200
4	NURSING CHARGES (250*2 DAYS)	50
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	MRD CHARGES	200
12	DR. ILANCHET CHENNI.,MD.,(GEN PHY)	2000
13	DIETITIAN CHARGES	500
	Total	16517

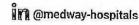
Rupees: Sixteen Thousand Five Hundred and Seventeen Only Rs.16,517/-

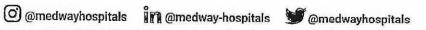
Insurance depatment

Modway JSA Hespitals No: 70, Kanenos Xam High Road Changalpanu - 603 002













Medi Assist Insurance TPA Pvt. Ltd



Date :02 Oct 2024

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

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

Insurer Member ID

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

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.

1447

Authorization Summary

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

Detailed list of deductions have been shared with the claimant

Terms and conditions for authorization:

- 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.
 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 amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not
- 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
- 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
- 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 tests
- Original sticker for all the implants & high value consumables 6.
- 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 Copy of the receipt for the amount settled by the patient / representative
- 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 10. requirement for claim settlement.
- 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: 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

ADO



Connect & f

