Belle Tuin Sharing II Flows.

Medway JSP The way to be	Hospitals		BILLIN	NG CAF	RD			
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Room No	Dr.ARTHI		RANSFE	R DETAILS	Rent Per I	Day	100/-	
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Date	<u> </u>		A	OT No.	:			
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I Asst. Surge	eon :			End Time	: 1			
II Asst. Surge	eon:			Dis. Pack				
III Asst. Surge				Diathermy				
Anaesthetist	1			C-Arm ·				
OT Nurse	:			Arthroscopy:				
Name of Sur	gery:			Laproscopy:				
				Sevoflurane / Isoflurane :				
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CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Dat
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STERILE TRAY USED :	7						
TRANFUSION (BLOOD)	Ì						
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Admission Officer:

OTHER PROCDURES:

PO.D. 0/10/24 Po.D. 0/10/24 @ 1PM

Sister m-charg

OPERAT	ION THEATRE
Date :	OT. No.
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
Il 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
30/9/24 CRP, Electrolytes, CBC	
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Medway JSP Hospital FINAL DISCHARGE ACCOUNT	s, Chengal TING SHEET	lpattu. DETAILS
PATIENT NAME: Sullardon	IP NO:	2001
AGE:	TPA: INSURANCE:	Desember
CONTACT NO:	A STATE OF THE PARTY OF THE PAR	20/10/04
DOA: 3009 24	DOD:	1 20 - (2)
CLAIM NO:		
FINAL BILL AMOUNT		13,403
FINAL APPROVED AMOUNT (-)		11.1186
TIME MINOVEE MILECULE ()		1 1 (7,7 (3/6)
TPA DISCOUNT (-) (If applicable)		640
DIFFRENCE AMOUNT (TO PAY BY THE PATIENT)	947
ADVANCE PAID (-)		
BALANCE AMOUNT (ACTUAL - PAYABLE	/ REFUND)	944
CASH /	ONLINE	
If refund is above Rs.2,000/- transfer will be do	ne by online.	
BANK DETAILS		ENCLOSED
FINAL BILL COPY		ENCLOSED
FINAL APPROVAL COPY		ENCLOSED
Pola		
INSURANCE DEPARTMENT		BILLING DEPARTMENT
FRONT OFFICE INCHARGE		CENTRE HEAD



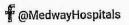
(A Unit of United Alliance Healthcare Pvt Ltd)

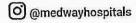
	FINAL BILL	*
Name : Ma	ster.SUDHARSAN	
	08 / MALE	IP Number: IPC2024002711
Doctor Nar	ne: DR. PRATHAP.,MD.,DM.,(NEONATOLOGY)	D.O.A.: 30/09/2024
TPA Name	: Medi Assist Insurance TPA India Pvt Ltd	D.O.D.: 02/10/2024
	Name : The Oriental Insurance Co. Ltd.	Claim No: 124926618
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	NON AC TWIN SHARING ROOM CHARGES (1700*1DAY)	170
3	ACTWIN SHARING ROOM CHARGES (2000*1DAY)	2000
4	NURSING CHARGES (250*2 DAYS)	500
5	DMO CHARGES (500* 2 DAYS)	1000
6	LAB CHARGES	228
7	X RAY CHARGES 1 No	55
8	DRUGS CHARGES	147
9	DISINFECTION CHARGES	20
10	MRD CHARGES	20
11	DR. PRATHAP.,MD.,DM.,(NEONATOLOGY)	300
	Total	13403

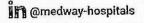
Rupees: Thirteen Thousand Four Hundred and Three Only Rs.13,403/-

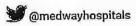
Insurance depatment

Medway JE7 Hospitals No: 70, Keacheeptram Righ Roat engalestru - 603 002









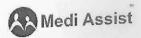


Medway Group of Hospitals

Heart Institute 044 - 4310 8959

Medway Centre of Excellence (Chenna

E-card Claims Plan hospitalzation Hospitals



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

With reference to your request (124926618) for final cashless pre-authorization, we here by authorize INR 11786 against your final bill amount INR 13403. The details of the pre-authorization are as follows:

Patient Details

Patient Name Relation to Primary Beneficiary Age	Son 7				
	7				
Age					
	M				
Gender	The Oriental Insurance Co. Ltd.				
Insurance Company	4058641105				
Medi Assist ID	Renault Nissan Automotive India Pvt Ltd				
Policy Holder	Religin Misself Assets				
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	Dehydration
	30 Sep 2024
Expected/Actual Date Of Admission	Aarthi
Treating Doctor	Conservative Management
Procedure / Treatment Planned	02 Oct 2024
Estimated/Actual Date of Discharge	Single private room
Room Category Occupied	2
Length Of Stay	Single Ward (Private / Special / Executive Ward)
Eligible Room Category	Ongro

Total Authorized amount Rs 11786 (Eleven Thousand Seven Hundred and Eighty Six).

Authorization Remarks :

FINAL APPROVAL ,NO CO PAY , DISCOUNT AMOUNT NOT TO BE COLLECTED FROM THE PATIENT

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

Authorization Summary	
Total bill amount (INR)	13403
	947
Other Deductions(INR)*	670
Hospital Discount (INR)	
Deductibles (INR)	0
	11786
Total Authorized Amount(INR)	2.17

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 envisaged/considered in Package)

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)

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.

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 6.

Original sticker for all the implants & high value consumables
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.

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: 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.





