

Beta Twin Sharing II Floor

## BILLING CARD

**Medway JSP Hospitals**  
The way to better health  
(A Unit of United Alliance Healthcare P

Patient Name Child.SUDHARSUN  
8 Male/MIC202475141

IP No. 30.09/2024/IPC2024002711  
Dr. ARTHI

Room No. [Barcode]

20 8y 1m

D.O.A. 30.9.24 Time 04:11 PM

Rent Per Day 1700/-

### RANSFER DETAILS

Date	Time	From	To	Nurse's Signature
11/10/24	12:00 PM	Twin ward 58	Deluxe 59A)	J.P.Ty.

### 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





## OPERATION THEATRE

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Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

### LABORATORY

30/9/24 CRP, Electrolytes, CBC (2187)

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

30/09/24

Chest Po

Dur

8h 3 2206

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>Sudhakar</i>	IP NO:	<i>274</i>
AGE :	<i>08</i>	TPA:	<i>Medi</i>
CONTACT NO :		INSURANCE:	<i>Dental</i>
DOA :	<i>30/09/24</i>	DOD:	<i>02/10/24</i>
CLAIM NO:			
FINAL BILL AMOUNT		<i>13,403</i>	
FINAL APPROVED AMOUNT ( - )		<i>11,786</i>	
TPA DISCOUNT ( - ) ( If applicable)		<i>670</i>	
DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)		<i>947</i>	
ADVANCE PAID ( - )			
BALANCE AMOUNT (ACTUAL - <input checked="" type="checkbox"/> PAYABLE / REFUND )		<i>947/-</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	
<i>Pay</i>			
INSURANCE DEPARTMENT		BILLING DEPARTMENT	
FRONT OFFICE INCHARGE		CENTRE HEAD	

**Medway JSP Hospitals***The way to better health*

(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL		
Name : Master.SUDHARSAN		
Age / Sex : 08 / MALE		IP Number : IPC2024002711
Doctor Name: 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
Insurance 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)	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	2280
7	X RAY CHARGES 1 No	550
8	DRUGS CHARGES	1473
9	DISINFECTION CHARGES	200
10	MRD CHARGES	200
11	DR. PRATHAP.,MD.,DM.,(NEONATOLOGY)	3000
	<b>Total</b>	<b>13403</b>
Rupees : Thirteen Thousand Four Hundred and Three Only		
Rs.13,403/-		
Insurance department		<b>Medway JSP Hospitals</b> <b>No: 70, Kancheepuram High Road</b> <b>Chengalpattu - 603 002</b>

f @MedwayHospitals

@medwayhospitals

in @medway-hospitals

@medwayhospitals



94557 94557

1800 572 3000

**Medway Group of Hospitals****Medway Centre of Excellence (Chennai)**

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Chengalpattu 044-27426829	Villupuram 04146-242000	Kumbakonam 044-2473 4455	Kakinada 0884-2333367
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**Heart Institute**  
 044 - 4310 8959

**Institute of Pulmonology**  
 044-2473 4451

E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

MH/MGT/H/2021/001



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 (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	Sudharsan K
Relation to Primary Beneficiary	Son
Age	7
Gender	M
Insurance Company	The Oriental Insurance Co. Ltd.
Medi Assist ID	4058641105
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	Dehydration
Expected/Actual Date Of Admission	30 Sep 2024
Treating Doctor	Aarthi
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 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

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



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: 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.

App

Connect

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