

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

PATIENT NAME:	Miss. Amudha	IP NO:	2578 2758
AGE :	27	TPA:	Medi Assist
CONTACT NO :	9629605364	INSURANCE:	Future General
DOA :	5/10/24	DOD:	9/10/24
CLAIM NO:	125047148		

FINAL BILL AMOUNT	32,355/-
FINAL APPROVED AMOUNT (-)	28,416/-

TPA DISCOUNT (-) (If applicable)	1,618/-
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DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)	2,321/-
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ADVANCE PAID (-)	-
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BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)	2,321/-
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CASH / ONLINE

Deduct 500
 prior 500

If refund is above Rs.2,000/- transfer will be done by online.

1321

BANK DETAILS	ENCLOSED
FINAL BILL COPY	ENCLOSED
FINAL APPROVAL COPY	ENCLOSED

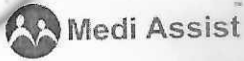
Per

BILLING DEPARTMENT

INSURANCE DEPARTMENT

FRONT OFFICE INCHARGE

CENTRE HEAD



Date :09 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 (125047148) for final cashless pre-Authorisation, hereby, we authorise INR **28416** against your final bill amount INR **32354**. The details of the pre-Authorisation are as follows:

Patient Details

Patient Name	Amutha R
Relation to Primary Beneficiary	Self
Age	26
Gender	F
Insurance Company	Future Generali India Insurance Co. Ltd.
Medi Assist ID	4049548053
Policy Holder	TATA COMMUNICATIONS TRANSFORMATION SERVICES LIMITED
IP No.	
Policy No.	FGH-2J-24-7003986-00-000
Policy Period	01 Apr 2024 to 31 Mar 2025
Primary Beneficiary	Amutha R
Primary Beneficiary Employee ID	6052874
Insurer Claim No	
Insurer Member ID	FGH2320489A

Treatment Details

Provisional Diagnosis	Dengue fever [classical dengue]
Expected Date Of Admission	05 Oct 2024
Treating Doctor	SUDHA
Procedure / Treatment Planned	Conservative Management
Estimated Date of Discharge	09 Oct 2024
Room Category Occupied	Single private room
Length Of Stay	4
Eligible Room Category	

Authorisation Details

#	Status	Received Date	Cumulative Amount	Cumulative authorised
1	Pre-Auth Processed	06 Oct 2024 12:10	30000	18000
2	Pre-Auth Processed	09 Oct 2024 15:10	32354	28416

Total authorised amount Rs 28416 (Twenty Eight Thousand Four Hundred and Sixteen).

Authorisation Remarks :

Final approval is given

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.

Hospital Agreed Tariff :**I. Package Case**

Agreed Package Rate

NA

Package charges exclude cost towards implants/co-morbidity/extended stay

II. Non Package Case

Room Type	Room Rent	Nursing
NA	NA	NA

Consultation Visit Charges/ Surgeon's fee/ OT/ Anaesthetist : As per customary and reasonable charges

Authorisation Summary

Total bill amount (INR)	32354
Other Deductions(INR)*	2321
Hospital Discount (INR)	1618
Deductibles (INR)	0
Total authorised Amount(INR)	28416
Amount to be paid by Insured (INR)	2321

***Deduction Details**

S.no	Description	Bill Amount (INR)	Deducted Amount (INR)	Admissible Amount (INR)	Deduction Reason
1	iv fluids / disposables	1923	813	1111	Non-medical item; dns 500ml -flexidrip NRQty: 1.00-95.78, easyfix (m) 1s:-94.00,Non-medical item; venflon 20g (pink) NRQty: 1.00-623.00
2	bio chemistry (lft,rf,lipid)	3511	108	3403	Non-medical item; glucose(random) NRQty: 1.00-108.00
3	consultation / visit	5300	500	4800	dietitian charges:-500.00
4	documentation charges	200	200	0	mrd charges:-200.00
5	other miscellaneous charges	200	200	0	disinfection charges:-200.00
6	registration charges	500	500	0	registration charges:-500.00

Terms and conditions for Authorisation

1. Cashless Authorisation letter issued on the basis of information provided in pre Authorisation form. In case of misrepresentation/concealment of facts, any material difference/deviation/ discrepancy in information is observed in discharge summary / IPD records then cashless Authorisation stand null & void. At any point of claim processing Insurer or TPA reserves 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 unauthorised recovery of any additional amount from the insured in excess of Agreed Package Rates, the authorised 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. Differential cost borne by the policyholder may be reimbursed by Insurer subject to terms and conditions of the policy.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

1. Detailed discharge summary and all bills from the Hospital
2. Cash memos from the Hospitals / Chemists supported by proper prescriptions
3. Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests.
4. Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
5. Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge
6. Please send cashless documents to address mentioned in last page of letter. (Beneath signature)
7. Final hospital bills should be issued in the name of Future Generali India Insurance Co. Ltd. as a payer for payment of cashless claims. This is a mandatory requirement for claim settlement.

Cashless Checklist

1. Photo ID Card
2. Address Proof
3. Discharge Summary (Mandatory)
4. Final Bill (Mandatory)

Also note that

- The following expenses will not be payable:
 - Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought
 - Expenses related to medicines/drugs incurred post discharge
 - Expenses not covered / not payable as per health insurance policy terms and conditions
- The following documents must be submitted in full within 7 days from date of discharge to enable settlement of claim:
 - Settlement of claim, failing which Authorisation(s) issued for this hospitalization would be treated as void.



Medway JSP Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL		
Name : Mrs. AMUDHA		IP Number : IPC2024002758
Age / Sex : 27 / FEMALE		D.O.A. : 05/10/2024
Doctor Name : DR. SUDHA.,MD.,(GEN PHY)		D.O.D. : 09/10/2024
TPA Name : Medi Assist Insurance TPA India Pvt Ltd		Claim No: 125047148
Insurance Name : Future Generali India Insurance Co. Ltd.		
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	NON AC SINGLE ROOM CHARGES (1850*4.5 DAYS)	8325
3	NURSING CHARGE (250* 4.5 DAYS)	1125
4	DMO CHARGES (500*4.5 DAYS)	2250
5	X RAY CHARGES 1No	750
6	LAB CHARGES	9416
7	DISINFECTION CHARGES	200
8	MRD CHARGES	200
9	DRUGS CHARGES	4289
10	DR. SUDHA.,MD.,(GEN PHY)	4800
11	DIETITIAN CHARGES	500
Total		32355
Rupees : Thirty Two Thousand Three Hundred and Fifty Five Only Rs.32,355/-		
Insurance department		

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

f @MedwayHospitals

@medwayhospitals

in @medway-hospitals

@medwayhospitals



94557 9455

1800 572 300

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

Heart Institute
044 - 4310 8959

Institute of Pulmonology
044-2473 4451

MAH/MST/H/202109

D.O.A: 5/10/24

D.O.D: 9/10/24 @ 5PM

II floor

Non-Ac - Room-62

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

BILLING CARD

cash

Patient Name

Ms. AMUDHA

27/Female/VHC202475471

05/10/2024 IPC2024002758

IP No.

Dr. SUDHA S

Room No.

D.O.A. 5/10/24 Time 10:04 AM

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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

[illegible]

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

5/10/24 CBC, creatinine, C.R.P, LFT, Electrolytes
RBS, Urgea \Rightarrow 2411
U/R \Rightarrow 2412
urine CS \Rightarrow 2415

6/10/24 CBC, D-ongue WST \Rightarrow 2442

7/10/24 CBC \Rightarrow 2504

8/10/24 CBC \Rightarrow 2569

9/10/24 CBC \Rightarrow 2599

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

5/10/24

Chess Ro

Due

8th 2A27

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

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