

I Floor Non A/C



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

## BILLING CARD

Patient Name

Mrs.KANIMOZHI

29/Female/MHC202476019

IP No.

12/10/2024/IPC2024002829

Room No.

Dr.CHIRSTINA RAJKUMAR /



Cash

D.O.A. 12.10.24 Time 11:55 AM

Rent Per Day Rs. 1850/-

### TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
13/10/24	8:00am	Non A/C Room - 14	A/C Room 9	priya

### OPERATION THEATRE

Date	:	12/10/24	OT No.	:	II
Surgeon	:	Dr. chrisitha	Start Time	:	3.30 pm
I Asst. Surgeon	:	—	End Time	:	4.15 pm
II Asst. Surgeon	:	—	Dis. Pack	:	—
III Asst. Surgeon	:	—	Diathermy	:	—
Anaesthetist	:	Dr. Padmanaban	C-Arm	:	—
OT Nurse	:	Rejina / yoga / srimalathi	Arthroscopy	:	—
Name of Surgery	:	LSCS	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





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

12/10/24

LTN Done ✓

2755

CBG

DATE

NUMBERS

DATE

NUMBERS

ABG

DATE

NUMBERS

DATE

ACT

NUMBERS

Date

PHYSIOTHERAPY

15/10/24

Kaithika - PT

NEBULIZER

DATE

NUMBERS

DATE

NUMBERS

OTHERS

DATE

NUMBERS

DATE

NUMBERS

15/10 drug.

(1)

## 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 :

## LABORATORY

Date	LABORATORY
13/10/24	BT CA - 202412738
12/10/24	BT CT, RBS, HB, Blood Group, Urine, Acetone, Urine Sugar ↓ 2690 - 2688
14/10/24	BT CT, prothrombin Time, APT, RBS - 202412768
15/10/24	FBS, PPBS ⇒ 12818
15/10	HB 28.20



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

PATIENT NAME:	Mrs. KANIMOZHAI	IP NO:	2829
AGE :	29	TPA:	MediSun
CONTACT NO :		INSURANCE:	New India
DOA :	12/10/29	DOD:	16/10/29
CLAIM NO:	40198821		
FINAL BILL AMOUNT		1,18,829/-	
FINAL APPROVED AMOUNT ( - )		50,000/-	
TPA DISCOUNT ( - ) ( If applicable)		5,940/-	
DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)		62,884/-	
ADVANCE PAID ( - )		—	
BALANCE AMOUNT (ACTUAL - PAYABLE / REFUND)		62,884/-	
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	
			
INSURANCE DEPARTMENT		BILLING DEPARTMENT	
<div> <div>FRONT OFFICE INCHARGE</div> <div>CENTRE HEAD</div> </div>			



Medi Assist Insurance TPA Pvt. Ltd



Date :16 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 (40198821) for final cashless pre-authorization, we here by authorize INR 50000 against your final bill amount INR 118807. The details of the pre-authorization are as follows:

**Patient Details**

Patient Name	Kanimozhi B
Relation to Primary Beneficiary	Spouse
Age	28
Gender	F
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	5105954466
Policy Holder	SONA BLW Precision Forgings Ltd
IP No.	
Policy No.	97000034230400000211
Policy/Plan Period	11 Jan 2024 to 10 Jan 2025
Primary Beneficiary	Shankar E
Insurer Claim No	TP00397000024900083776
Insurer Member ID	MEMBER3128

**Treatment Details**

Provisional Diagnosis	Encounter for cesarean delivery without indication
Expected/Actual Date Of Admission	12 Oct 2024
Treating Doctor	Christina Rajkumaar
Procedure / Treatment Planned	Caesarean section ( LSCS)
Estimated/Actual Date of Discharge	16 Oct 2024
Room Category Occupied	Single private room
Length Of Stay	4
Eligible Room Category	

Total Authorized amount Rs 50000 (Fifty Thousand).

**Authorization Remarks :**

FINAL APPROVAL ,NO CO PAY , DISCOUNT AMOUNT NOT TO BE COLLECTED FROM THE PATIENT, EXCESS OF ROOM RENT AND NURSING TARRIF 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)	118807
Other Deductions(INR)*	13893
Excess of Defined / Ailment Limit (INR)	46674
Hospital Discount (INR)	5940
Excess of Tarrif / Package (Not to be Collected From Patient) (INR)	2300

Deductibles (INR)	0
Total Authorized Amount(INR)	50000
Amount to be paid by Insured (INR)	60567

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 New India Assurance 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   

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

FINAL BILL		
Name : Mrs.KANIMOZHI		
Age / Sex : 29/ FEMALE		IP Number : IPC2024002829
Doctor Name : DR.CHRISTINA RAJKUMAR.,MD.,DGO.,		D.O.A. : 12/10/2024
TPA Name : Medi Assist Insurance TPA India Pvt Ltd		D.O.D. : 16/10/2024
Insurance Name : The New India Assurance Co. Ltd		Claim No: 40198821
S.No	Description	Value
1	ADMINISTRATION CHARGES	1000
2	AC SINGLE ROOM CHARGES (2900*3 DAYS)	8700
3	NON AC SINGLE ROOM CHARGES (1850*1DAY)	1850
4	NURSING CHARGE (250*4 DAYS)	1000
5	DMO CHARGES ( 500*4 DAYS)	2000
6	LAB CHARGES	4062
7	CTG 1 No	500
8	OPERATION THEARTER CHARGES	10000
9	OT ASSISTANT CHARGES	4500
10	PHYSIOTHERAPHY CHARGES 1 Sitting	500
11	DRESSING CHARGES	200
12	BABY NURSING CHARGE (250*3 DAYS)	750
13	BABY LAB CHARGES	2960
14	VACCINATION CARD	80
15	VACCINATION CHARGES	730
16	DRUGS CHARGES	24992
17	WARMER CHARGES	500
18	PHOTOTHERAPHY CHARGES	1000
19	DR. CHRISTINA RAJKUMAR .,MD .,D.G.O.,	35000
20	DR. PADMANABAN., MD., DA.,	10000
21	Dr.ARAVINDH RAJHA.,MD.,(PAED).,	4500
22	Dr.AJAY.,MS.,(ENT)	1500
23	DR.SUDHA.,MD.,(GEN PHY)	2000
24	DIETITIAN CHARGES	500
Total		118824
Rupees : One Lakh Eighteen Thousand Eight Hundred and Twenty Four Only		
Rs.1,18,824/-		
Insurance depatment		
Medway JSP Hospitals No: 70, Kancheepuram High Road Chennai - 603 002		

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Medway Group of Hospitals

Kodambakkam    Mogappair    Chengalpattu    Villupuram    Kumbakonam    Kakinada  
044-2473 4455    044-26530011    044-27426829    04146-242000    044-2473 4455    0884-2333367  
E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

Medway Centre of Excellence (Chennai)

Heart Institute    Institute of Pulmonology  
044 - 4310 8959    044-2473 4451



94557 94557  
1800 572 3003