

D.O.A: 12/10/24 (50)  
D.O.D: 16/10/24 @ 5pm

INS?

ICU

# BILLING CARD

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

Patient Name  
IP No.  
Room No.

Mr. VENKATESAN  
80/Male. MHC202476058  
12/10/2024 IPC2024002339  
Dr. ARTHI

D.O.A. 12/10/24 Time 10:35 pm

INS?  
TRANSFER DETAILS

Rent Per Day 4900/-

Date	Time	From	To	Nurse's Signature
14/10/24	2pm	ICU	Deluxe Room (50)	R. Nigam/036

## 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

Date	Start	Date	Disconnect
12/10/24	11pm	14/10/24	11am

## INFUSION PUMP

Date	Start	Date	Disconnect

## OXYGEN

Date	Start	Date	Disconnect

## SYRINGE PUMP

Date	Start	Date	Disconnect

## ALPHA BED

Date	Start	Date	Disconnect

## SCD PUMP

Date	Start

## VENTILATOR

Date	Start	Date	Disconnect





RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
12/10/24	Cher Ap 2			Due	PR		
12/10/24	ECG 127/17			due.			
13/10/24	Echo 2730			due	Dr. Suresh Kumar (audio)		
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
13/10/24	141 -	2743					
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
13/10/24	141						
14/10/24	141						
15/10/24	141						
16/10/24	1						

<b>OPERATION THEATRE</b>					
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	:	:	:
<b>Date</b>	<b>LABORATORY</b>				
12/10/24 ✓	CBC, RBS, urea, creatinine, LFT, Electrolytes 12-7-19 Trop - T				
13/10/24	FBS, HBAIC , Lipid profile — 2792				
14/10/24	FBS = 2762				
15/10/24	FBS ⇒ 2814				
15/10/24	PPBS ⇒ 2825				
16/10/24	FBS ⇒ 2862				
16/10/24	PPBS ⇒ 2871				

[illegible]



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

PATIENT NAME:	Venkataram	IP NO:	2839
AGE :	80	TPA:	Medi
CONTACT NO :		INSURANCE:	New India
DOA :	12/10/24	DOD:	16/10/24
CLAIM NO:			

FINAL BILL AMOUNT	55530
FINAL APPROVED AMOUNT ( - )	47831
TPA DISCOUNT ( - ) ( If applicable)	2777
DIFFERENCE AMOUNT (TO PAY BY THE PATIENT)	4922
ADVANCE PAID ( - )	— 2200
BALANCE AMOUNT (ACTUAL - <del>PAYABLE</del> / REFUND )	7122/-

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

FRONT OFFICE INCHARGE

CENTRE HEAD



# Medway JSP Hospitals

The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL		
Name : Mr.VENKATESAN		IP Number : IPC2024002839
Age / Sex : 80 / MALE		D.O.A. : 12/10/2024
Doctor Name : DR. SUDHA.,MD.,(GEN PHY)		D.O.D. : 16/10/2024
TPA Name : Medi Assist Insurance TPA India Pvt Ltd		Claim No: 125200829
Insurance Name : The New India Assurance Co. Ltd		
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	ICU CHARGES (4900*2 DAYS)	9800
3	AC SINGLE ROOM CHARGES (2900*2 DAYS)	5800
4	NURSING CHARGE (250* 4DAYS)	1000
5	DMO CHARGES ( 500*2DAYS)	1000
6	MONITER CHARGES (1000*1.5DAYS)	1500
7	NEBULIZER CHARGES (7 *150)	1050
8	X RAY CHARGES 1No	550
9	ECG CHARGES 1No	300
10	ECHO CHARGES 1No	2000
11	ATTENDER ROOM CHARGES ( 1850*1DAY)	1850
12	LAB CHARGES	7990
13	DISINFECTION CHARGES	200
14	MRD CHARGES	200
15	DRUGS CHARGES	6290
16	DR. SUDHA.,MD.,(GEN PHY)	4000
17	DR.SURESH KUMAR.,MD.,DM.,(CARDIO)	5000
18	INTENVISIT CHARGES (3000*2DAYS)	6000
19	DIETITIAN CHARGES	500
	Total	55530
Rupees : Fifty Five Thousand Five Hundred and Thirty Only		
Rs.55,530/-		
Insurance department		
Medway JSP Hospitals No: 70, Kancheepuram High Road Chengalpattu - 603 002		

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@medwayhospitals

in @medway-hospitals

@medwayhospitals



94557 94557  
1800 572 3003

## Medway Group of Hospitals

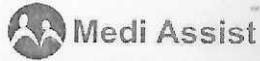
## Medway Centre of Excellence (Chennai)

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



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 (125200829) for final cashless pre-authorization, we hereby authorize INR 47831 against your final bill amount INR 55530. The details of the pre-authorization are as follows:

**Patient Details**

Patient Name	Venkatesan
Relation to Primary Beneficiary	Father
Age	81
Gender	M
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	4040298812
Policy Holder	Ford Motor Pvt Ltd
IP No.	
Policy No.	97000034240500000012_FMPL_Parental
Policy/Plan Period	01 Apr 2024 to 31 Mar 2025
Primary Beneficiary	Komalavalli
Insurer Claim No	TP00397000024900083779
Insurer Member ID	MEMBER2315

**Treatment Details**

Provisional Diagnosis	Other forms of chronic ischemic heart disease
Expected/Actual Date Of Admission	12 Oct 2024
Treating Doctor	Aarathi
Procedure / Treatment Planned	Conservative Management
Estimated/Actual Date of Discharge	16 Oct 2024
Room Category Occupied	Deluxe room
Length Of Stay	4
Eligible Room Category	

**Total Authorized amount Rs 47831 (Forty Seven Thousand Eight Hundred and Thirty One).**

**Authorization Remarks :**

Final approval and discount amount should not to be collect 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)	55530
Other Deductions(INR)*	4922
Hospital Discount (INR)	2777
Deductibles (INR)	0
<b>Total Authorized Amount(INR)</b>	<b>47831</b>
<b>Amount to be paid by Insured (INR)</b>	<b>4922</b>



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.

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