Med	lway JSP Hos L DISCHARGE ACC	pitals, Chengal COUNTING SHEET	DETAILS
PATIENT NAME:	Atr	IP NO:	2848
AGE:	30	TPA:	Modi
CONTACT NO:		INSURANCE:	180404
OOA:	13 60 24	DOD:	1 18 (104155)
CLAIM NO:			
FINAL BILL AMOUN	IT		14543
FINAL APPROVED			12359
			How
TPA DISCOUNT (-) (If applicable)		127
	TO DAY DY TUE D	ATIENT)	115
	NT (TO PAY BY THE PA	ATIDAT	
ADVANCE PAID (-	()		A
BALANCE AMOUNT	r (ACTUAL - PAY	ABLE / REFUND)	1,454/-
	CASH	/ ONLINE	
If re	efund is above Rs.2,000	0/- transfer will be done	by online.
BANK DETAILS			ENCLOSED ENCLOSED
FINAL BILL COPY			ENCLOSED
FINAL APPROVAL	COPY		ENCLOSED
Darger			1
INSURANCE DEPA	RTMENT		BILLING DEPARTMEN
INSURANCE			



(A Unit of United Alliance Healthcare Pvt Ltd)

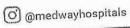
	FINAL BILL		
Name : Mr.	ALI	IP Number : IPC2024002848	
Age / Sex : : Doctor Nan		D.O.A.: 13/10/2024 D.O.D.: 15/10/2024	
TPA Name Insurance	Name : Bajaj Allianz General Insurance Co. Ltd.	Claim No: 40211440 Value	
S.No	Description	500	
1	REGISTRATION CHARGES	3000	
2	NON AC GENERAL WARD CHARGES (1500*2 DAYS)	500	
3	NURSING CHARGE (250*2 DAYS)	1000	
4	DMO CHARGES (500*2 DAYS)	550	
5	X RAY CHARGES 1No	300	
6	ECG CHARGES 1No	408	
7	LAB CHARGES	200	
8	DISINFECTION CHARGES	200	
9	MRD CHARGES	250	
10	DRUGS CHARGES	120	
11	DR. ILANCHET CHENNI.,MD.,(GEN PHY)	50	
12	DIETITIAN CHARGES	1454	
.1. 1	Total		

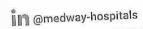
Rupees: Fourteen Thousand Five Hundred and Forty Three Only

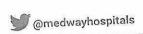
Rs.14,543/-

Insurance department











E-card Claims Plan hospitalization Hospitals



Medi Assist Insurance TPA Pvt. Ltd

Date :15 Oct 2024

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 (40211440) for final cashless pre-authorization, we here by authorize INR 12359 against your final bill amount INR 14543. The details of the pre-authorization are as follows

Patient Details

Ali M Patient Name Self Relation to Primary Beneficiary 32 Age Gender Bajaj Allianz General Insurance Co. Ltd. Insurance Company 5089272405 Medi Assist ID Foxconn Hon Hai Technology India Mega Develop Policy Holder IP No. OG-25-1501-8403-00000061 Policy No. 11 Jun 2024 to 10 Jun 2025 Policy/Plan Period Ali M Primary Beneficiary Insurer Claim No Insurer Member ID

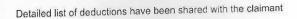
Treatment Details Unspecified acute lower respiratory infection Provisional Diagnosis 13 Oct 2024 Expected/Actual Date Of Admission Aarthi **Treating Doctor** Conservative Management Procedure / Treatment Planned 15 Oct 2024 Estimated/Actual Date of Discharge Deluxe room Room Category Occupied 2 Length Of Stay Eligible Room Category

Total Authorized amount Rs 12359 (Twelve Thousand Three Hundred and Fifty Nine).

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)	14543	
	1457	
Other Deductions(INR)*	727	
Hospital Discount (INR)	0	
Deductibles (INR)	12359	
Total Authorized Amount(INR)		
Amount to be paid by Insured (INR)	1457	
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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 & 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
- 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

- 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 5. tests
- Original sticker for all the implants & high value consumables Surgeon's Certificate stating the nature of operation performed and Surgeon's Bill and Receipt

- Surgeon's Certificates 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 Bajaj Allianz General Insurance Co. Ltd. as a payer for payment of cashless claims. This is a mandatory requirement for claim settlement.
- 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.

OUICK 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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	III Asst. Surg				Diathermy	:	_	
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Admission Officer:

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OTHER PROCDURES: Diet Consultatron.

Sister In-charge

	OPERATIO	N THEATRE
Date	•	OT. No. :
Surgeon		Start Time :
I Asst. Surg	eon :	End Time
II Asst. Surg	-	Dis. Pack :
III Asst. Surg		Diathermy :
Anaesthetis		C-Arm :
OT Nurse		Arthroscopy :
Name of Su	ridery :	Laproscopy :
Name of Co	iligoly .	Sevoflurane / Isoflurane :
		Inj. Fentanyl :
		Others :
Date		LABORATORY
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