

Ref Walkin

INSURANCE

Discharge on 14/9/24 MHI/DP/2022/104


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

Ms. USHA.S

58/Female/MHI202378447

11/09/2024:IP112024002133

Dr. K. JAISHANKAR

**BILLING CARD**

Patient Name _____

IP No. _____

Room No. _____

CCU-2
ward - 105

D.O.A. 11/9/24

Time 3:20 pm

TRANSFER DETAILSRent Per Day CW

Date	Time	From	To	Nurse's Signature
11/9/24	15:20	FO	CCU	Dhanjore
13/9/24	10:55	CCU	208 - 119	1034

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
11/9/24	15:20	13/9/24	10:55				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				11/9/24	16:20	13/9/24	9:00

ALPHA BED**SCD PUMP****VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

DAY: 2851X

[illegible]

2

[illegible]

[illegible]

Sanctioned Amount	Rs. 100,000
Advance EMI Amount	(-) Rs. 0
Disbursal Amount	Rs. 100,000
Part 1 Amount	Rs. 50,000
Subvention Amount	(-) Rs. 3,000
Subvention GST	(-) Rs. 540
Transferred Amount	Rs. 46,460
Remaining Amount	Rs. 50,000
Part 2 Requested	Rs. 0
Transferred Amount	Rs. 2,257
Total Transfer Amount	Rs. 52,257



JCI ACCREDITED NABH ACCREDITED



Every heart beat counts
(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL	
Name : MRS. USHA	IP Number : IPH2024002133
Age / Sex : 58 Years / FEMALE	D.O.A. : 11/09/2024 AT 16:34
Doctor Name : Dr. JAISHANKAR	D.O.D. : 14/09/2024 AT 18:00
ADMINISTRATION CHARGES	1500.00
TWIN ROOM CHARGES (3500 X 2 DAYS)	7000.00
BED CHARGES CCU (7000 X 1 DAY)	7000.00
INTENSIVE PROFESSIONAL CHARGES	10000.00
DUTY MEDICAL OFFICER	1500.00
LABORATORY	12238.00
RADIOLOGY	1550.00
STERILIZATION AND DISINFECTANT CHARGES	2500.00
DRUGS	6887.00
NUTRITIONAL ASSESSMENT CHARGES	1000.00
MONITOR CHARGES	3000.00
DIET CHARGES	1000.00
(PROFESSIONAL TEAM FEES) :-	
DR JAISHANKAR	25000.00
TOTAL SERVICE AMOUNT	80175.00
BILLING	
UNITED ALLIANCE HEALTH CARE PVT LTD	

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024. Tel : 044 - 4310 8959

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94557 94557
1800 572 3003

Medway Group of Hospitals

Medway Speciality Hospitals (CHENNAI)

Kodambakkam	Mogappair	Chengalpattu	Villupuram	Kumbakonam	Kakinada	Erode
044-2473 4455	044-26530011	044-27426829	04146-242000	0435-2412345	0884-2333367	0424-2555657

Heart Institute	Institute of Pulmonology
044 - 4310 8959	044-2473 4454

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