RJ
ESI

ESI

CAG.

MHI/DP/2022/104

Medway Hospitals®
The way to better l
(A Unit of United Alliance Healthc

BILLING CARD
SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mr.MARIMUTHU .U (ESI)
66/Male/MHI202381467
07/10/2024/IPH2024002361
IP No. _____ Dr.G. GNANAVELU
Room No. _____

D.O.A. 4/10/24 Time 10.20AM

TRANSFER DETAILS

Rent Per Day RL.

Date	Time	From	To	Nurse's Signature
7/10/24	10:29	Adm	RL	
7/10/24	11:30	RL	Cath lab.	
4/10/24	12.30Pm	Cath Lab	RL	

OPERATION THEATRE

Date	: 4/10/24	OT No.	: Cath Lab.
Surgeon	: Dr. GG.	Start Time	: 11.50Am
I Asst. Surgeon	:	End Time	: 12.05Pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Bhaadarinath	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect

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	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 6834/Sarath 7/10/24 RETURNS CHECKED :	T- 11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Aarthi	Sister In-charge

4213 ICCN

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

UTI ID .....

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024050415	**Insurance No/Staff/ Pensioner Card**	: 5125099619
Name of the Patient	: Mr. U Marimuthu	**Age/Gender** : 66 Years /Male	**UHID** : HKKN.0000108264
UAN of IP	:		
Address/Contact No	:		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Dependant father		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Atherosclerotic heart disease - I25.1 Remarks : ICD - Atrial septal defect - Q21.1 Remarks : ICD - Essential (primary) hypertension - I10 Remarks :		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 10-Oct-2024		

Dr.S.KATHIRAVAN, M.B.B.S, M.D
(Reg. No. 3)
Asst. Professor
Dept of General Medicine
ESIC Medical College & Hospital,
KK Nagar, Chennai -78

Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure : lack of facility

Name of the empanelled hospital whereto refer **Hospital** MEDWAY HOSPITALS
Department Cardiology

Date & Time of Referral : 30-Sep-2024 09:28:00 AM

Name and Designation of the Referring Doctor
Ms. KATHIRAVAN, M.B.B.S, M.D
SENIOR RESIDENT
(Reg. No.96215)
Dr.S.KATHIRAVAN, M.B.B.S, M.D
Asst. Professor
Dept of General Medicine
ESIC Medical College & Hospital,
KK Nagar, Chennai -78

Or, Agreeing to / contradicting the above, I voluntarily choose Medway hospital Hospital for treatment of self / for my father (relationship).

Date and Time: 30/9

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to _____ Department of _____ Hospital/Diagnostic Centre for _____ (Reason/purpose for referral).

(VERIFIED & RECOMMENDED BY)
(Signature, Name &Designation)
Date & Time:

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time:

E.S.I.C. HOSPITAL, K.K. NAGAR,
CHENNAI-600 078.

N.B.

The entitlement eligibility of the patient should also be verified through IP Portal at www.esic.in. Referral shall be governed by the rules and administrative instructions issued from time to time.Referred Hospital is instructed to perform only those procedure/treatment for which the patient has been referred to. In case any additional procedure / treatment /investigation is essentially required to be carried out, permission for the same is mandatorily required from the approving authority of the referring hospital. The validity of this referral is upto 7 days from the date of issuance or as per the contract whichever is later and is subject to fulfilment of other terms and conditions as defined in the contract/agreement.

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