Ref. ESI

ESI

161.5

Discharge on 19/9/24

Pacemaker

MHI/DP/2022/104

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthcare P

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name _ Mr.ARUMUGAM (ESI)
57/Male/MHI202482596
16/09/2024/IP112024002178
IP No. _____ Dr.K.JAISHANKAR
Room No. ____

D.O.A. 16/9/2024 Time 4.00pm

RANSFER DETAILS Rent Per Day 105/B

Date	Time	From	To	Nurse's Signature
16/9/24	16.40	Admission	105	
17/9/24	9.40	105	CATH LAB	
17/9/24	13.00	CATH LAB	CCU	
17/9/24	18.10	CCU	105 A	

OPERATION THEATRE

Date	: 17/9/2024	OT No.	: CATH LAB-I
Surgeon	: DR. JAISHANKAR.	Start Time	: 10.00
I Asst. Surgeon	:	End Time	: 12.10.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Sandhiya	Arthroscopy	:
Name of Surgery	: TCD	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
17/9/24	13.20	19/09/24	18.10

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

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	:

Date	LABORATORY
18/9/24	CBC, RFT (2059)

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

17/9/24.	ECG (2038)		
17/9/24	X ray ((2038)		
18/9/24	with with out magnet ECG		
	Dependrat cxray (2061)		

CBG

DATE	NUMBERS	DATE	NUMBERS
16/9/24	1 (2066)		
17/9/24	1 (2066)		
17/9/24	1 (2038)		
18/7/24	1 (2066)		
18/9/24	1 (2127		
19/9/24	1 (2127)		

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

DATE	NUMBERS

PHYSIOTHERAPY

Date	

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. JARSHANAR	17/9/24	18/9/24	19/9/24				
Mrs. Catherine (Dietitian)	16/9/24	17/9/24	18/9/24	19/9/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 170 HH / 9eee OC88 RETURNS CHECKED : 19/9/24	564 - ACCD - 47115 + Implant 19-09-24

T - 5,20,286

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : S. VIGNESH

Sister In-charge

29 5 3 ICON

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

UTI ID 6283564

Referral No	: Tamil2024047274	**Insurance No/Staff/ Pensioner Card**	: 5127877452
Name of the Patient	: Mr. Arumugam	**Age/Gender**	: 58 Years /Male
UAN of IP	:	**UHID**	: TN01.0012122019
Address/Contact No	: Default Default Default Chennai Tamilnadu INDIA		
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 :		
CGHS (Name and Code)*	: S64 - AICD implantation Dual Chamber - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 22-Sep-2024		

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 : 12-Sep-2024 11:37:22 AM

Name and Designation of the Referring Doctor

Ms. USHALAKSHMI S - Associate Professor

Or,Agreeing to / contradicting the above, I voluntaily choose MEDWAY Hospital for treatment of self or _____ for my _____ (relationship).

Date and Time: 12/9/24

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to _____ Department of _____ Hospital/Diagnostic

Centre for _____ (Reason/purpose for referral).

12/9/24

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

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

K.K. Nagar, Chennai-78

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.

12-09-2024

Printed By : ushas71

Ph - 9566103058

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM,
KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date: **19/09/2024**
Bill No & Page No: **AUC/WS605 1/1**
Terms: **WHOLE SALES**
Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ
DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	.	LEAD 6935M62 MRI OUS	1	90189099	TDL335539G	04/26	1	0	18 %	8547.95	47488.62	56037.00	47488.62
2	.	LEAD 5076-52 RCMCRD MRI OUS EIFU	1	90189099	PJNATK673G	06/26	1	0	18 %	2900.64	16114.67	19015.31	16114.67
3	.	INTRO 6207-S1 LEAD INTRODUCER 7F	1	90219090	GB9137901	06/26	1	0	12 %	238.31	1985.94	2224.25	1985.94
4	.	INTRO 6209-S1 LEAD INTRODUCER 9F	1	90219090	GB7590029	10/24	1	0	12 %	238.31	1985.94	2224.25	1985.94
5	1 NA	ICD-DR DDME3D4 MIRRO MRI	1	30049099	CWT610481S	03/25	1	0	5 %	18746.24	374924.8	393671.0	374924.82

ITEMS : 5 QTY : 5 BASE :442499.99 SGST : 15335.73 CGST :15335.73 GST : 30671.46 Goods Value: 442499.99

Category	Gross	CGST	SGST	Amount
5 %	374924.82	9373.12	9373.12	393671.06
12 %	3971.88	238.31	238.31	4448.51
18 %	63603.29	5724.30	5724.30	75051.88

P(Disc) DB 0.00
CR
CD 0.00
Rounded Net Amount **473171.00**

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Four Lakhs Seventy Three Thousand One Hundred Seventy One Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-ARUMUGAM-IP-2024002178-DR.JAISHANKAR

Customer Outstanding: **124354533.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUCTUS LABS CHENNAI 600 024

AUTHORIZED SIGNATORY