

BILLING CARD

SAFETY FIRST



Patient Name **Mr. GURUMOORTHY V S**
60 / Male / MHI202483373
IP No. 16/05/2024 / IPH2024001191
Room No. Dr. ANBARASU MOHANRAJ

D.O.A. 16/5/24 Time 10:20 AM

RANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
16/5/24	11:15	Admission	1st Floor (114)	[Signature]
17/5/24	12:30	1st Floor (114)	2nd Floor	[Signature]
17/05/24	21:00	CTOT	SICU	[Signature]
21/5/24	11:45	SICU	114	[Signature]
21/5/24	13:44	114	SICU	[Signature]
22/5/24	13:20	SICU	114	[Signature]

OPERATION THEATRE

Date	: 17/05/24	OT No.	: T
Surgeon	: DR. ANBARASU	Start Time	: 13:55
I Asst. Surgeon	:	End Time	: 21:00
II Asst. Surgeon	: PA:- SAI KUMARI	Dis. Rack	:
III Asst. Surgeon	:	Diathermy	: USED
Anaesthetist	: DR. SYLVESTER	C-Arm	:
OT Nurse	: SUJATHA / CHRISTY	Arthroscopy	:
Name of Surgery	: MVR + CABG OPEN HEART	Laproscopy	:
JGA MAN MAN SAW DRILLING USED		Sevoflurane / Isoflurane	: 4 HRS
ETO THINGS ₹1,000/- TO BE CHARGED		Inj. Fentanyl	: 2ml 10ml/inj. monphi.
		Others	: 2. 40 CC IABP USED

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
17/05/24	21:00	21/5/24	21:30				
21/5/24	13:40	22/5/24	13:00				
22/5/24	13:30	25/5/24	6:30				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
17/05/24	21:00	21/5/24	11:30	17/05/24	21:00	20/5/24	11:30
21/5/24	12:00	22/5/24	13:20	17/05/24	21:00	20/5/24	17:30
22/5/24	13:20	23/5/24	12:00	17/05/24	21:00	20/5/24	01:30
				17/05/24	21:00	21/5/24	06:30

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
17/05/24	21:00	21/5/24	10:00	17/05/24	21:00	20/5/24	10:15
22/5/24	17:30	25/5/24	7:00				

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
16/5/24	Hb, C. (6239)
17/05/24	Hb, WBC , PLT , PCV, PLATELET, MAGNESIUM (6315)
18/5/24	Hb, Plw, PLATELET , WBC, DC, UREA, CREATININE, TOTAL BILIRUBIN, ALBUMIN, MAGNESIUM, CPK, CPK-MB (6320)
	APTT, PT, INR (6325), APTT (6385) ✓, APTT (6379)
19/5/24	Hb, WBC, CREATININE, K, Na, APTT (6388) ✓
19/5/24	APTT (6396)
19/5/24	APTT (6401)
20/5/24	Hb, PCV, WBC, platelet, urea, cr, PT, APTT (6407)
22/5/24	CBC, WBC, CR, Na, K (6509) Bilirubin Total
22/5/24	PT (6513)
23/5/24	CR, Creato, Electrolyte (6563)
24/5/24	PT, INR (6599)
25/5/24	Creato, Electrolyte (6622)

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

17/5/24 CXR A/P B/L - ① (6315)
 18/5/24 CXR A/P R/L - ① (6328)
 19/5/24 CXR A/P B/L - ① (6688)
 20/5/24 CXR A/P B/L - ① (6414)
 20/5/24 CXR - A/P - B/L - ① (6446) D/R
 23/5/24 ECG, CXR, ECHO (6567)

CBG

ABG

ACT

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
16/5/24	1 2	25/5/24	1+1+1	17/5/24	① (6324)	17/5/24	5 ① (6324)
17/5/24	1+1	26/5/24	1+0	18/5/24	① (6400)	17/5/24	1 (6315)
20/5/24	1 (6416)			18/5/24	① (6385)	23/5/24	ABG (1)
20/5/24	1 (6474)			19/5/24	① (6388)	18/5/24	ACT ① 6337
21/5/24	2 (6474)			19/5/24	① (6401)		
22/5/24	1 (6509)			18/5/24	② (6337)		
22/5/24	1+1			20/5/24	② (6407)		
23/5/24	1+1+1			20/5/24	① (6461)		
24/5/24	1+1+1			20/5/24	① (6461)		

Date

PHYSIOTHERAPY

18/5/24 1:00 / 10:00 / 17:00 / 23:00
 19/5/24 5:00 / 11:00
 20/5/24 10:00 / 16:00 / 21:00
 21/5/24 6:00 / 10:00 / 16:00 / 21:00
 22/5/24 6:00 / 12:00 / 17:00
 23/5/24 6:00 / 17:00
 24/5/24 10:00 / 17:00

NEBULIZER

OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
17/5/24	1	23/5/24	2+1+2				
18/5/24	1+1+1	24/5/24	1+1+1+1				
19/5/24	1+1+1+1	25/5/24	1+1+1+1				
20/5/24	1+1+1+1	26/5/24	1				

CARD - II

MHI/DP/2022/104

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

BILLING CARD

SAFETY FIRST



Patient Name **Mr. GURUMOORTHY V S**
60/Male/MHI202483373
16/05/2024/IPH2024001191

IP No. **Dr. ANBARASU MOHANRAJ**

Room No. 

D.O.A. _____ Time _____

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature

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. monphi:
	Others :

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

Date :	OT. No. :
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

State Code	:	33
Place Of Supply	:	TAMILNADU
GSTIN	:	33AAMCA2113KIZY

CREDIT-BILL

DL NO : N.A

[illegible]

ITEMS : 2	QTY : 2	BASE :242371.43	SGST : 7934.29	CGST : 7934.29	GST : 15868.57	Goods Value: 242371.43
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Category	Gross	CGST	SGST	Amount	P(Disc)	DB		
5 %	188800.00	4720.00	4720.00	198240.00		CR		
12 %	53571.43	3214.29	3214.29	60000.00		CD	0.00	0.00
					Rounded Net Amount			258240.00
					AXIS A/C : 922030011606851 IFSC : UTIB0001165			

Amount In Words : Two Lakhs Fifty Eight Thousand Two Hundred Forty Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : PT: GURUMOORTHY MHI202483373 Dr.ANBARASU

Customer Outstanding: 93136978.00

User Name
SARAVANA

For **AUCTUS LABS PRIVATE LIMITED**

AUTHORIZED SIGNATORY