

ACTIVITY RECORD FOR BILLING



HANDS OF CARE

CASH / CREDIT

(ALS)

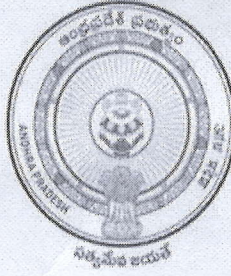
A/s 25655

Corporate :

[illegible]

PHYSIOTHERAPY													DRESSING : ☐ MINOR ☐ MEDIUM ☐ MAJOR ☐ SPECIAL																
Date													Total		Date													Total	
No. of times															No. of times														
NEBULISATION																													
Date																													
Morning																													
Evening																													
Night																													
INVESTIGATIONS																													
Date		Investigation											Date		Investigation														
28/3/24		Surgical propele																											
30/3/24		2D GHO																											
RADIOLOGY INVESTIGATIONS																													
Date		Investigation											Date		Investigation														
28/3/24		ECG, chest x-ray																											
6/4/24		x-ray KUB																											
PROCEDURES																													
Procedure		No. of Times		Procedure		No. of Times		Date		From		To		Type of Accommodation		Time													
Intubation				Tracheostomy				28/3/24		Emr		Flu				5pm													
Ryle's Tube				Steam Inhalation				11/4/24		Flu		OT		Ssidi		3:30pm													
Lumbar Puncture				ICD				11/4/24		OT		ICU		ICU		5:30pm													
Cut Down				Fundus Evaluation				11/4/24		SICU		ICU		A/W		10-30													
Catheterisation		11/4/24		Pleural Taping												per													
Central Line				Suture Removal																									
Defibrillator				Enema																									
Suction																													
BED TRANSFER																													
DIET																													
OT Report OT utilization 5:10pm to 5:30pm ✓																													
Folic catheter removal 4/4/24 at 6:00pm Transper - 100%																													
Name of Ward Secretary : J. Ratu													Name of Staff Nurse : A. Sorideu																
EMP. No. : 82													EMP. No. : 0041																

B. Kusuma. med. 4661 ✓
com: 1241

**Dr. YSR Aarogyasri Health Care Trust****Dr. YSR Aarogyasri Health Care Trust**

D.No. 241, MGM Capital Building, Near NRI Junction, Beside Little Village Restaurant,
Beside Little Village Restaurant, Chinnakakani, Mangalagiri, Guntur District, Pin: 522508.
Phone No: 0863 - 2222802 / 2259861.

APPROVAL FOR CASHLESS FACILITY

Claim No. : APTRUST/KKD/2024/1/6226646

Date : 06/04/2024 10:37:25

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Macimukkala Nagamani (the patient) on 28/03/2024 03:49:33 having Health/White/TAP/RAP card no. **WAP042504400263/02** and belonging to district **KAKINADA**, suffering from **URSL** having given consent for **ursl (S9.3.4)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **25655** and send the bills for the claim after the discharge.

Authorised Signatory

(Panel Doctor)

Panel Doctor

Name : Panel doctor (Dr. YSR Aarogyasri Health Care Trust)

Date: 29-Mar-2024 09:30 PM

Seal :