

ACTIVITY RECORD FOR BILLING



SANJIVI HOSPITAL

HANDS OF CARE



CASH / CREDIT (A/S)

A/S 40,000/-

Reg. No. :

I.P.No. : 16446

Corporate :

Name of Patient : Mrs. Martha Naganani

Age : 53y Sex : F

Consultant : Dr. N. Surya Prasad

Category :

Date of Admission : 30/3/24

Time : 11:52 AM

Room / Bed No. : Glw.

Date of Discharge : 10/4/24

Time :

Total Days of Stay :

Anaesthetist : Dr. Sandeep

Anaesthesia / General / Spinal

Diagnosis : spondylotic & Degenerative disc disease

Surgery : Laminectomy 3/4/24 12pm

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	30/3/24	31/3/24	1/4/24	2/4/24	3/4/24	4/4/24	5/4/24	6/4/24	7/4/24	8/4/24	9/4/24	10/4/24
Dr. Surya Prasad	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr. Satyanarayana (Neuro)			✓	✓		✓	✓	✓		✓		
Dr. KRISHNA PRASAD												

Rev. by patient

MEDICAL EQUIPMENT

VENTILATOR

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

MONITOR

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days
3/4/24	@ 2:20 PM	9:30 PM	3/4/24	

SYRINGE PUMP

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

INFUSION PUMP

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

OXYGEN

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days	Remarks

WATER BED

AIR BED

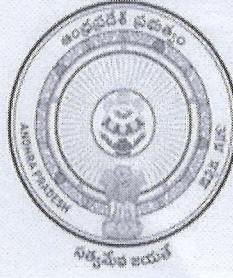
Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

PULSE OXYMETER

No. of Time			

GRBS

Date	2/4	3/4	4/4	5/4	6/4	7/4	8/4	9/4	Total
Morning	✓	✓		✓	✓	✓	✓	✓	
Evening	✓	✓	✓	✓	✓	✓			
Night		①	✓						

**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/EGI/2024/1/04391454

Date : 31/03/2024 10:05:58

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Morth Nagamani (the patient) on 30/03/2024 12:48:52 having Health/White/TAP/RAP card no. **WAP040600600630/02** and belonging to district **EAST GODAVARI**, suffering from **SPINAL CANAL STENOSIS** having given consent for **Spine - Canal Stenosis (S10.2.15)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **40000** 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: 31-Mar-2024 10:05 AM

Seal :