RJ EST.

ESI

Discharge on 21/9/24 159 70.85

MVR.

MHI/DP/2022/104

BILLING CARD

Medway Hospitals® The way to better he (A Unit of United Alliance Healthcare F

Medway Heart Institute

Mr.DIPAK BARIK(ESI)
40/Male/MHI202483855
15/09/2024,1P1120240021164
Dr.KAILASH A JAIN

Patient Name _____ D.O.A. 15/9/24 Time _____

IP No. _____ OTP-58812

Room No. ____ TRANSFER DETAILS Rent Per Day 204 G/W.

Date	Time	From	To	Nurse's Signature
15/9/24	9.80	ADMISSION	204-A	
16/9/24	8.00	IST FLOOR 204	CTOT	
16/9/24	14:53	CTOT-II	SICU	
18/9/24		SICU	CW-1	

OPERATION THEATRE

Date	: 16/09/2024.	OT No.	: CTOT-II
Surgeon	: DR.KAILASH A JAIN	Start Time	: 8:30
I Asst. Surgeon	: DR.GHAYOOR AHMED	End Time	: 14:53
II Asst. Surgeon	DA: SARITHA	Dis. Pack	: —
III Asst. Surgeon	: -	Diathermy	: 01 USED
Anaesthetist	: DR.SHAPNA	C-Arm	: -
OT Nurse	: MALA	Arthroscopy	: —
Name of Surgery	: MVR(OPEN HEART)	Laproscopy	: —
MAN MAN SAW DRILL USED		Sevoflurane / Isoflurane	: — 3HRS
ETOTHING & Z1000TORE CHARGED		Inj. Fentanyl	: 2ml 10ml/inj. monphi: —
Aortic cannula(iF) to be charged 1000RS/-		Others	SJM MITRAL MECHANICAL HEART VALVE

MONITOR

Date	Start	Date	Disconnect
16/9/24	14.55	18/9/	11.30

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
16/9/24	14.55	18/9/24	8.30

SYRINGE PUMP

Date	Start	Date	Disconnect
16/9/24	14.55	17/9/24	23:00
16/9/24	14.55	17/9/24	22:00
16/9/24	14.55	17/9/24	23.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
16/9/24	17.55	16/9/24	19:20

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
17/9/24	WBC, UREA, CREATININE, PT, INR (11950)
16/9/24	URINE ROUTINE (11935)
19/9/24	PT - INR [2134]
20/9/24	CREA, UREA, creatinine, NA+, K+ [2196]

(3) (1) (3)

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

16/9/24	Chest x-ray AP BIS 11954		
16/9/24	ECG BIS (11954)		
17/9/24	ECG BIS (11960)		
17/9/24	CXR AP BIS - (1) (12016)		
20/9/24	ECG, x-ray + Echo [2197].		

(12)

CBG

DATE	NUMBERS	DATE	NUMBERS
15/9/24	1+1+1(2131)	20/9/24	1 (2284)
16/9/24	1+(2131)		
17/9/24	1 (12016)		
17/9/24	1+1 (12044)		
18/9/24	1+1+1(2131)		
19/9/24	1+1(2131)		
19/9/24	1+ (2213)		
20/9/24	1+1(2213)		
21/9/24	1+1+1(2284)		

(1)

ABG

DATE	NUMBERS	DATE	NUMBERS
16/09/24 OT	(A) 11955.	16/9/24 (OT)	(5) 11955
16/9/24	2 (11954)		
17/9/24	2 (11960)		
18/9/24	1 2065		

(5)

ACT

PHYSIOTHERAPY

Date	PHYSIOTHERAPY
16/9/24	15.15 / 19.20
17/9/24	6:00 / 10:30. 15:00 / 21:00
18/9/24	6:00 / 10:10 / 17:15.
19/9/24	10:45 / 18:00.
20/9/24	11:15 / 18:15
21/9/24	11:10

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
16/9/24	2+1		
17/9/24	1+1+1		
18/9/24	1+1+1+1		
19/9/24	1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Neelash Jain	15/9/24	16/9/24	17/9/24	18/9/24	19/9/24	20/9/24	21/9/24
DR. Shopna. Karmc	15/9/24						
MS catherine dietition)	16/9/24	17/9/24	18/9/24	19/9/24	21/9/24		
Ms. Sevathat (Psychologist)	19/9/24						

PHARMACY

OT DRUGS REPLACED :

BILL CLEARED : 146129/- 21/9/24

RETURNS CHECKED :

AMBULANCE

96518 + IMPlant (535) T-1,84,833 MUR.

CROSS MATCHING :

RESERVATION PF BLOOD : (A) (+) PCV Reservation don 15/9/2

STERILE TRAY USED : SR TRAY ① no used in ltw on 17/9/24

TRANFUSION (BLOOD) SR Tray ② used

ATTENDER'S HOLDING :

OTHER PROCDURES : 4D TEE PROBE

Admission Officer : AARTHI

Sister In-charg

2480 KCN

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE

UTI ID 62466119.

Referral No	: Tamil2024044986	**Insurance No/Staff/ Pensioner Card**	: 5133036151
Name of the Patient	: Mr. DIPAK BARIK	**Age/Gender** : 40 Years /Male	**UHID** : TN01.0014817551
UAN of IP	:		
Address/Contact No	: PLOT NO:1, KALAIVANAR STREET, CHINNA COLONY, ATHIPET, AMBATHUR		
Identification marks (if any)	: Chennai Tamilnadu INDIA		
IP/Beneficiary/Staff	: IP		
Relationship with IP/Staff	: Self		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Mitral stenosis - I05.0 Remarks :		
CGHS (Name and Code)*	: 535 - MVR/AVR - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - ~~10-Sep-2024~~ 19/09/2024		
Remarks Additional Clinical Information/Procedure/Investigation	Mitral valve replacement		
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 : 09/09/2024 ~~31-Aug-2024 12:27:42 PM~~

Name and Designation of the Referring Doctor
Ms. USHALAKSHMI S - Associate Professor

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

Date and Time: 21/2024.

Signature/Thumb Impression of IP/Beneficiary/Staff

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

VERIFIED / ENTITLED FOR SST

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

21/9/24

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

2. Dr Kothari

3. A. SWAKUMAR

The Medical Superintendent
ESIC
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 sh governed by the rules and administrative instructions issued from time to time.Referred Hospital is instructed to p only those procedure/treatment for which the patient has been referred to. In case any additional proced treatment /investigation is essentially required to be carried out, permission for the same is mandatorily required the approving authority of the referring hospital. The validity of this referral is upto 7 days from the date of issua as per the contract whichever is later and is subject to fulfilment of other terms and conditions as defined contract/agreement.

Printed By : ushas71

31-08

Ucb-9176955007

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	Bill No & Page No
17/09/2024	**AUC/WS595 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		MECHANICAL HEART VALVE 27MJ-501	1	90213900	31921480	12/28	1	0	5 %	4205.48	84109.52	88315.00	84109.52

ITEMS : 1 QTY : 1 BASE : 84109.52 SGST : 2102.74 CGST : 2102.74 GST : 4205.48 Goods Value: 84109.52

Category	Gross	CGST	SGST	Amount	P(Disc)	DB		
5 %	84109.52	2102.74	2102.74	88315.00		CR		
						CD	0.00	0.00
					Rounded Net Amount			**88315.00**
					AXIS A/C : 922030011606851 IFSC : UTIB0001165			

Amount In Words : Eighty Eight Thousand Three Hundred Fifteen Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-DIPAK BARIK-IP-2024002164-DR.KAILASH A JAIN

Customer Outstanding: **122860951.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUCTUS LABS PVT LTD CHENNAI 600 024

AUTHORIZED SIGNATORY