Rg Dr-ESI

ESI

Discharge on 12/9/24

Ptcp

MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better healt
(A Unit of United Alliance Healthcare Pvt L

Medway Heart Institute
Where heart beat never stops...

Mr.THANGARAJ(ESI)
67/Male/MHI202483955
10/09/2024/IP112024002115
Dr.G. GNANAVELU

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 10/9/24 Time 11.00A

...ANSFER DETAILS

Rent Per Day G/w

Date	Time	From	To	Nurse's Signature
10/9/24	11.35	ADMISSION	GW-4	
10/9/24	12.30	GW-4	CATH LAB	
10/9/24	15.50	CATH LAB	CCU	
11/9/24	10:00	CCU	GW Ward No. 3	AR10245

OPERATION THEATRE

Date	: 10/9/2024	OT No.	: CATH LAB-II
Surgeon	: DR. Gnanavelu	Start Time	: 13.40
I Asst. Surgeon	:	End Time	: 15.10
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N panchavarnam	Arthroscopy	:
Name of Surgery	: PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
10/9/24	15.50	11/9/24	10:00

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
11/9/25	Urea, Creat (11631)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
10/9/24	ECOT (11615)		
11/9/24	ECG (11631)		

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
10/9/24	H (1714)						
10/9/24	1 (11615)						
11/9/24	1 (11631)						
11/9/24	H (1714)						
12/9/24	H (1714)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. G. GNANAVELU	10/9/24	11/9/24	12/9/24				
Ms. Catherine (Dietician)	10/9/24	11/9/24	12/9/24				
Ms. Sevalthal (Psychologist)	11/9/24						

PHARMACY

OT DRUGS REPLACED :

BILL CLEARED : 13609/- 12/9/24

RETURNS CHECKED :

AMBULANCE

545 - PRN - 75353 + Stent

T = 1,37,194. 12/9/24

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : SWAMES/2

Sister In-charge

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
11/09/2024	**AUC/WS581 1/1**
Terms	Salesman Name
WHOLE SALES	4-PATIENT
GSTIN	DL NO : N.A
33AABCU3941Q1ZZ	

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	ONYX TRUCOR DES TRCR 35018X 3.50X18	1	30049099	0012109339	01/27	1	0	5 %	1190.48	23809.52	25000.00	23809.52
2	1 NA	CORONARY STENT ULTI MASTER TANSEI 2.75X18	1	30049099	230509	04/25	1	0	5 %	1125.00	22500.00	23625.00	22500.00
3	CARN	NC TREK RX 2.75X8	1	90219090	40212G1	01/27	1	0	12 %	1416.00	11800.00	13216.00	11800.00

ITEMS : 3 QTY : 3 BASE : 58109.52 SGST : 1865.74 CGST : 1865.74 GST : 3731.48 Goods Value: 58109.52

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	46309.52	1157.74	1157.74	48625.00		CR	
12 %	11800.00	708.00	708.00	13216.00		CD 0.00	0.00
						Rounded Net Amount	**61841.00**
					AXIS A/C : 922030011606851 IFSC : UTIB0001165		

Amount In Words : Sixty One Thousand Eight Hundred Forty One Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-THANGARAJ-IP-2024002115-DR.GNANAVELU
Customer Outstanding: **122272212.00**

For AUCTUS LABS PRIVATE LIMITED

User Name
HARI

AUTHORIZED SIGNATORY

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

2852

KBN.

UTI ID.....

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024045831	Insurance No/Staff/ Pensioner Card	: 5128596178
Name of the Patient	: Mr. Thangaraj .	Age/Gender : 68 Years /Male	UHID : TMBR.0000006479
UAN of IP	:		
Address/Contact No	:		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: IP		
Relationship with IP/Staff	: Self		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	:YES		
Diagnosis	: ICD - Atherosclerotic heart disease - I25.1 Remarks :		
CGHS (Name and Code)*	: 544 - Balloon coronary angioplasty/PTCA with VCD - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 14-Sep-2024		

Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure : for PTCA

Name of the empanelled hospital whereto refer — Hospital: MEDWAY HOSPITALS; Department: Interventional Cardiology

Dr. P. VIJAYARAGHAVAN, M.D.,
Associate Professor/Dept. of General Medicine
ESIC Medical College & Hospital
No. 144, 4-12-78/K.K. Nagar, Chennai-78

Date & Time of Referral : 04-Sep-2024 02:56:41 PM

Name and Designation of the Referring Doctor
Dr. Vijayaraghavan P - Associate Professor

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

Date and Time: _____

K. Kalaivasi

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 & Designation)
Date & Time:

5/9/24

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

1. _____
2. _____
3. _____ 5/9/24

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.

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Rs 7824045120

04-09-2024