

**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/2024/1/04426040

Date : 29/06/2024 11:53:18

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Vakada Hbvenkataratnavali (the patient) on 24/06/2024 01:49:35 having Health/White/TAP/RAP card number **WAP044123300066/03** and belonging to district **EAST GODAVARI**, suffering from **LSCS** having given consent for **Caesarean Section (S4.1.6)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximum package rate of **13350** 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: 24-Jun-2024 06:31 PM

Seal :

A/S

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

A/S → 133501-

Patient Name V. Himma Bindu Venkata Ratnavali D.O.A 29/6/24 Time 07:29PMIP No. 296D.O.D 29/6/24Room No. Female general ward

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
28/6/24	8PM	EMR	FW	P. Tulca
24/6/24	9:40am	FW	O.T	A. Kalyan
24/6/24	11:40am	OT	SICU	mani
24/6/24	9:30am	SICU	FW	syender

OPERATION THEA TRE

Date	: 24/6/24	OT No.	: I
Surgeon	: Dr. Himabindu	Start Time	: 10AM
I Asst. Surgeon	: -	End Time	: 11:20AM
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 10:30AM to 10:40AM
Anaesthetist	: Dr. Sanderp	C-Arm	: -
OT Nurse	: mani	Arthroscopy	: -
Name of Surgery	: L.S.C.S	Laprosopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
24/6/24	11:30am	24/06/24	9:20pm				

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 THEA TRE

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 :

[illegible]

[illegible]

