

Ref Dr Gnanavel

CM SCHEME

SELF Discharge on 22/9/24

MHI/DP/2022/104



BILLING CARD



Patient Name

IP No.

Room No.

Ms. AYISHATHU MUFLIHA S

22/Female/MHI202484856

22/09/2024; IPI2024002235

Dr. G. GNANAVELU



D.O.A. 22/9/24 Time 8:30 pm

Rent Per Day 105/B

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
22/9/24	22:30	Admission	1st Floor (105-B)	[Signature]
24/9/24	8:00	105	CATH LAB	[Signature]
24/9/24	12:20	Cath Lab	CCU	[Signature]
24/9/24	18:00	CCU	105-B	[Signature]

OPERATION THEATRE

Date	: 24/9/24	OT No.	: Cath Lab 5
Surgeon	: Dr. Jaishankar	Start Time	: 9:15
I Asst. Surgeon	:	End Time	: 11:45
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN. Bandhiya	Arthroscopy	:
Name of Surgery	: Check CABG + EPST + RFA 3D	Laproscopey	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphine	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
24/9/24	12:20	24/9/24	19:00

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

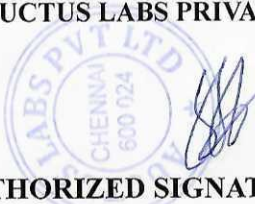
OPERATION THEATRE

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 :

[illegible]

[illegible]

[illegible]

AUCTUS LABS PRIVATE LIMITED										State Code : 33			
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										Place Of Supply : TAMILNADU			
To : 686 UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT CARDIAC KODAMBAKKAM CHENNAI 600024 PH :										Bill Date 25/09/2024		Bill No & Page No AUC/WS624 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		STJM - EN0020-P ENSITE PRECISION NAVX PATCH	1	90189099	10217020	07/25	1	0	12 %	9204.00	76700.00	85904.00	76700.00
ITEMS : 1 QTY : 1 BASE : 76700.00 SGST : 4602.00 CGST : 4602.00 GST : 9204.00 Goods Value: 76700.00													
Category	Gross	CGST	SGST	Amount	P(Disc)		DB						
12 %	76700.00	4602.00	4602.00	85904.00			CR						
							CD		0.00			0.00	
Rounded Net Amount										85904.00			
AXIS A/C : 922030011606851 IFSC : UTIB0001165													
Amount In Words : Eighty Five Thousand Nine Hundred Four Rupees Only Chq in Favour of AUCTUS LABS PVT LTD Remarks : P.N-AYISHATHU MUFLIHA-IP-2024002235-DR.GNANAVELU Customer Outstanding: 125255966.00													
User Name HARI													
For AUCTUS LABS PRIVATE LIMITED  AUTHORIZED SIGNATORY													



Tel. No.:
Fax No.:
Email :

ENHANCEMENT AUTHORIZAION LETTER

Date	23/09/2024 7:42PM	Fax No.	Reg No.
To	Medway Hospital, Chennai TN.	Policy No./Card No.	333297462039
		Payer/TPA ID Card No.	0133020090071100034189
Authorization No.	13H_2257564724785-2	Name of the Patient	AYISHATHU MUFLIHA.S
Date of Admission	22/09/2024 7:0 PM	Age:	22 Years
Provisional Diagnosis	palpitation	Sex:	Female
Authorization			
Authorised Limit	95000.00		
Authorised Limit (In Words)	Ninety Five Thousand, Only		
Previous Authorised Limit			
Remarks	CLAIMS WILL BE SETTLED IN ACCORDANCE WITH THE TREATMENT GIVEN /SURGERY DONE.		

Instruction to Hospitals:

1. This Authorization letter is issued that the information given in the pre-authorization is correct. Any information hidden/wrongly given regarding pre-existing disease will make this authorization null and void.
2. This Authorization is binding on the insurance policy terms, limitations and conditions.
3. Disclaimer : The cashless access given to network hospital is merely a facility extended by Payer. Payer does not guarantee the availability, quality and out come of treatment.
* Denial is in no way to be construed as denial of treatment, only cashless access is denied.
4. If amount exceeds authorization amount Payer approvals has been obtained for enhancement. Payer will be pleased to confirm on Insurance policy limits and conditions.

This is a Computer Generated Statement So No Signature is Required.

Note : Please quote our Authorization Number in all the correspondence and bills.



Tel. No.:

Fax No.:

Email :

AUTHORIZAION LETTER

Date 23/09/2024 6:00PM

Fax No.

Reg No.

To Medway Hospital, Chennai TN.

Policy No./Card No.

333297462039

Payer/TPA ID Card No.

0133020090071100034189

Authorization No. 13H_2257564724785-1

Name of the Patient

AYISHATHU MUFLIHA.S

Age: 22 Years

Sex: Female

Date of Admission 22/09/2024 7:0 PM

Provisional Diagnosis palpitation

Authorization

Authorised Limit 5000.00

Authorised Limit (In Words) Five Thousand, Only

Previous Authorised Limit

Remarks CLAIMS WILL BE SETTLED IN ACCORDANCE WITH THE TREATMENT GIVEN /SURGERY DONE....

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