Ref Dr Gnanavel

INSURANCE

Discharge on 28/8/24

Ht - 165
Wt - 89.2
Resturing

MHI/DP/2022/104

BILLING CARD

Medway Hospitals
The way to better health
(A Unit of United Alliance Healthcare)

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mr.P.SELVAM
63/Male/MHI202484953
26/08/2024/IP1I2024001962
Dr.RAJESH.V

IP No.

Room No.

D.O.A. 26/8/24 Time

CCU - 05
Ward - 2

~~Isolation Sharing~~ Single

Rent Per Day 104/A

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
26/8/24	7.00	Admission	1ST F 104	
26/8/24	12.30	1st Floor (104)	CT - OT	
26/8/24	16.50	CTOT	SICU	
26/8/24	19.30	SICU	104	

OPERATION THEATRE

Date	: 26/8/2024	OT No.	: CTOT - III
Surgeon	: DR. PRAVEEN JEYAKUMAR	Start Time	: 16.20
I Asst. Surgeon	:	End Time	: 16.50
II Asst. ~~Surgeon~~	: DEVIKALA	Dis. Pack	: —
III Asst. Surgeon	:	Diathermy	: USED
Anaesthetist	: DR. SYLVESTER	C-Arm	: —
OT Nurse	: ATCHAYA, SABIKUMAR	Arthroscopy	: —
Name of Surgery	: CHEST WOUND DEBRIDEMENT + RESUTURING S/P OPCAB ON 10/8/24 ETO THINNS RS 500 TO BE CHARGE	Laproscopy	: —
		Sevoflurane / Isoflurane	:
		Inj. ~~Fentanyl~~	: 2ml 10ml/inj. monphi:
		Others	:

0.5 Hrs

MONITOR

Date	Start	Date	Disconnect

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

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

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
26/8/24	1 (871						
26/8/24	1 (871)						
27/8/24	1+1 (871						
27/8/24	1 (0924)						
28/8/24	1+1 (0924)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RAJESH	26/8/24	27/8/24	28/8/24				
Mr. Catherine (Dietician)	26/8/24	27/8/24	28/8/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 13990 / Receipt No. 28/8/24.	T - 66824
BILL CLEARED :	
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED : SR Tray (1) used on 28/8/24

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Jincy

Sister In-charge

FINAL BILL

Name : MR.SELVAM P	IP Number : IPH2024001962
Age / Sex : 63Years / MALE	D.O.A. : 26/08/2024 AT 06:34
Doctor Name : Dr. RAJESH	D.O.D. : 28/08/2024 AT 18:00

ADMINISTRATION CHARGES	1500.00
TWIN ROOM CHARGES (3000 X 1 DAY)	3000.00
BED CHARGES CCU (7000 X 1 DAY)	7000.00
INTENSIVIST PROFESSIONAL CHARGES	2500.00
DUTY MEDICAL OFFICER	500.00
LABORATORY	909.00
STERILIZATION AND DISINFECTANT CHARGES	2500.00
DRUGS	13989.00
NUTRITIONAL ASSESSMENT CHARGES	1000.00
OT CHARGE (WOUND DEBRIDMENT)	10000.00
DIET CHARGES	926.00
(PROFESSIONAL TEAM FEES) :-	
DR RAJESH	10000.00
Dr.PRAVEEN	10000.00
D DEVIKALA	3000.00
TOTAL SERVICE AMOUNT	66824.00

INSURANCE CO ORDINATOR
UNITED ALIIANCE HEALTH CARE PVT LTD

Mr. Selvam patient, UTR details

	Date
'2951	26-Aug-24 17:38

Dear Sir,

Forwarding the payment UTR and Breakup details for your kind reference.
Total Approved amount -60000
GMoney paid amount - 30000
Kindly collect the difference amount from the patient side.

In this case Gmoney paid only part 1 Payment, and Part 2 payment is not applicable for the patients Policy terms and conditions, Due to the Low sum Assured Amount.
Patient paid the Difference amount (part 2 payment) to the hospital.

Patient name : Mr. Selvam
Patient ID : MHI202484953
IP NUMBER : IPH2024001962

With Regards,
Rajkumar. R