

Ref: Caterpillar Insurance

Medical Management

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



D.O.A. 31/07/24 Time 11:51 AM

Patient Name

Mrs. ANURADHA D

68/Female/MMH202479986

IP No.

31/07/2024: IPH2024001768

Room No.

Dr. T. PALANIAPPAN



TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
31/7/24	12.00	Admission	1st Floor	
2/8/24	16.45	1st FLOOR 106	MAIN hospital 1st Floor	
2/8/24	19.00	MAIN hospital 1st Floor	1st FLOOR 106	Sebastian 2651

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 : 2ml 10ml/inj. morphine :
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 THEATRE	
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Surgeon :	Start Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

11	0	(9018)

Dr KARTIK N ₹ 3,000/-

DATE

Attende Diet

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

218124	1719		
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Teen
Only

Kerthana P
0309
Dietician

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

[illegible]