

Ref: Old patient "Mrs. INDIRA"

Discharge on 7/8/24

CAB

MHI/DP/2022/104

Medway Hospitals®
The way to be! (A Unit of United Alliance)

BILLING CARD

SAFETY FIRST



Patient Name

Mrs. PREMA K S

82/Female/MHI202485095

02/08/2024/1PHI2024001782

IP No.

Dr. K. JAISHANKAR

Room No.



D.O.A. 02/08/24 Time 03:51 pm

TRANSFER DETAILS

Rent Per Day

CCU - 1
Ward - 10

Date	Time	From	To	Nurse's Signature
2/8/24	16:30	ADMISSION	1st floor 113	P. S. S.
3/8/24	12:20	1st Floor 113	Cath Lab	P. S. S.
3/8/24	16:00	Cath Lab	CCU	P. S. S.
4/8/24	11:30	CCU	1st floor 113	P. S. S.
8/2/24	12:10	113	Cath Lab	P. S. S.
8/8/24	13:55	Cath Lab	1st floor (113)	P. S. S.

OPERATION THEATRE

Date	: 3/8/24	OT No.	: Cath Lab II
Surgeon	: Dr. Jaishankar	Start Time	: 13:50
I Asst. Surgeon	:	End Time	: 15:30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/S Prethavarnam	Arthroscopy	:
Name of Surgery	: CAG + PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphine:	:
		Others	:

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/8/24	16:00	4/8/24	11:30				

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/8/24	16:00	4/8/24	10:00				
13/8/24	2:45	13/8					

SYRINGE PUMP

ALPHA BED

SCD PUMP

VENTILATOR NIV

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				3/8/24	16:00	4/8/24	11:30

OPERATION THEATRE

Date	: 8/8/2024	OT. No.	: Cath Lab
Surgeon	: DR. JASHANKAR	Start Time	: 12:20
I Asst. Surgeon	:	End Time	: 18:05
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N panchawarn	Arthroscopy	:
Name of Surgery	: Check CAB.	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

LABORATORY

Date	
4/8/24	CBC, RFT, NT b-JwBNP (9812)
5/8/24	RFT (9880)
6/8/24	CBC, RFT (9918)
7/8/24	RFT (9977)
8/8/24	RFT (0033)
8/8/24	CK, CKMB, TROP T (0034)
8/8/24	Ss. Fentanyl (0071), Ss. Phenytoin (0069)
9/8/24	CBC, RFT (0087)
11/8/24	CBC, RFT (0208)

[illegible]

BILLING CARD

SAFETY FIRST


 Patient Name Mrs. PREMA K S

D.O.A. _____ Time _____

IP No. _____

82/Female/MHI202485095

02/08/2024/1PH2024001782

Room No. _____

Dr. K. JAISHANKAR



TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
13/8/24	14:40	CATH LAB	CCU	[Signature]

OPERATION THEATRE

Date	: 13/8/24	OT No.	: CATH LAB-T
Surgeon	: Dr. Jaishankar K	Start Time	: 11:50
I Asst. Surgeon	:	End Time	: 14:10
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Sandhiya	Arthroscopy	:
Name of Surgery	: Cholecyst + PTLA + Trous	Laprosocopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
13/8/24	11:55	13/8/24	17:13				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
13/8/24	12:15	13/8/24	17:13	13/8/24	12:30	13/8/24	17:13

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				13/8/24	14:20	13/8/24	17:13

OPERATION THEATRE

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]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
				12/8/24	(1)		
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

[illegible]

State Code	:	33
Place Of Supply	:	TAMILNADU
GSTIN	:	33AAMCA2113K1ZY

Bill Date 05/08/2024	Bill No & Page No AUC/WS466 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	CARN	STENT RONYX25022X ONYX 2.50X22RX	1	90219090	0226751723	02/26	1	0	5 %	1913.20	38264.00	40178.00	38264.00
2	CARN	STENT RONYX27526X ONYX 2.75X26	1	90219090	0011936717	08/26	1	0	5 %	1913.20	38264.00	40178.00	38264.00
3	1 NA	APOLLO NC BALLOON 2.75 X 10	1	30049099	2403294273	03/26	1	0	12 %	1132.80	9440.00	10572.80	9440.00

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	76528.00	1913.20	1913.20	80354.40		CR	
12 %	9440.00	566.40	566.40	10572.80		CD 0.00	0.00
						Rounded Net Amount	90927.00

AXIS A/C : 922030011606851 IFSC : UTIB0001165

For **AUCTUS LABS PRIVATE LIMITED**

Customer Outstanding: 111419568.00

AUTHORIZED SIGNATORY

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							
						GSTIN : 33AAMCA2113K1ZY							
To : 686 UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT CARDIAC KODAMBAKKAM CHENNAI 600024 PH :			Bill Date 13/08/2024		Bill No & Page No AUC/WS496 1/1								
			Terms IS-INTERNAL 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	1 NA	OPTICROSS BAGLESS	1	3004909	33001457	12/25	1	0	12 %	5380.80	4840.00	50220.80	44840.00
2	1 NA	MDUS PLUS STERILE BAG	1	3004909	4453LA0700	12/26	1	0	12 %	283.20	2360.00	2643.20	2360.00
3	1 NA	APOLLO NC BALLOON 3.0 X 10	1	9018310	2405156657	05/26	1	0	12 %	1132.80	9440.00	10572.80	9440.00
4		STENT RONYX27538X ONYX	1	9021909	0012084908	04/26	1	0	5 %	1913.20	38264.00	40178.00	38264.00
5	1 NA	STEN RONYX22518X ONYX 2.25X18	1	9021390	0011878322	07/26	1	0	5 %	1913.20	38264.00	40178.00	38264.00
ITEMS : 5 QTY : 5 BASE : 133168.00 SGST : 5311.60 CGST : 5311.60 GST : 10623.20 Goods Value: 133168.00													
Category	Gross	CGST	SGST	Amount	P(Disc)	DB							
5 %	76528.00	1913.20	1913.20	80354.40		CR							
12 %	56640.00	3398.40	3398.40	63436.80		CD 0.00	0.00						
Rounded Net Amount												143791.00	
AXIS A/C : 922030011606851 IFSC : UTIB0001165													
Amount In Words : One Lakhs Forty Three Thousand Seven Hundred Ninety One Rupees Only													
Chq in Favour of AUCTUS LABS PVT LTD For AUCTUS LABS PRIVATE LIMITED													
Remarks : P.N-PREMA-IP-2024001782-DR.JAISHANKAR													
User Name HARI 5:30:34 PM								AUTHORIZED SIGNATORY					