Rf. Mr. Krishna

CM SCHEME

CABG.

Discharged on 24/8/24

MHI/DP/2022/104

BILLING CARD

Medway Hospitals® The way to better h (A Unit of United Alliance Healthcar

Medway Heart Institute

Mrs.MUTHULAKSHMI V |CM SCH
52/Female/MHI202485124
17/08/2024/IPH2024001896
Dr.RAJESH.V

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 17/8/24 Time 11.16 AM

Rent Per Day 207

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
17/8/24	11.50	ADMISSION	IInd FLOOR (207-B)	
19/8/24	8.00	IInd Floor (207-B)	CTOT	
19/8/24	13.15	CTOT	SICU	
21/8/24	10.30	SICU	105-B	

OPERATION THEATRE

Date	: 19/08/2024	OT No.	: OT-II
Surgeon	: DR. RAJESH	Start Time	: 8.30AM
I Asst. Surgeon	: DR. PRAVEEN	End Time	: 1.15PM
II Asst. Surgeon	:	Dis. Pack	: —
III Asst. Surgeon	:	Diathermy	: Used
Anaesthetist	: DR. SYLVESTER	C-Arm	: —
OT Nurse	: FARINA / Christy	Arthroscopy	: —
Name of Surgery	: OPCAB [CLOSED HEART]	Laproscopy	: —
IGA, manman saw dailused		~~Sevoflurane~~ / Isoflurane	: 3HRS
FORS 1000 lobe Change		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	: —

MONITOR

Date	Start	Date	Disconnect
19/8/24	13.20	21/8/24	10.30

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
19/8/24	13.20	20/8/24	10.00

SYRINGE PUMP

Date	Start	Date	Disconnect
19/8/24	13.20	19/8/24	13.30
19/8/24	13.20	20/8/24	11.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
19/8/24	13.20	19/8/24	17.00

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
20/8/24	Hb, urea, ~~creat~~ creatinine (10554)
21/8/24	Hb, urea, cr, Na, K (10612)
23/8/24	Hb, urea, creatine, sodium, potassium (0701)

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

19/8/24	Chest X-ray AP B/S (10535)		
20/8/24	CXR AP B/S (10554)		
20/8/24	CXR AP (B/S) (10596) D/R		
21/8/24	CXR AP (B/S) 10612		
23/8/24	CXR, ECG, ECHO (10714)		

CBG

DATE	NUMBERS	DATE	NUMBERS
17/8/24	1+1 (1768)	23/8/24	1+1+1
18/8/24	1+1+1 (1768)	24/8/24	1+1 (1768)
19/8/24	1 (1766)		
19/8/24	1 (0549)		
20/8/24	1 (0547)		
20/8/24	1 (10597)		
21/8/24	2 (10612)		
21/8/24	1+1 (1766)		
22/8/24	1+1+1 (1768)		

ABG

DATE	NUMBERS
19/8/24	1 (10535)
19/08/24	2 (10534)
19/8/24	2 (0549)
20/8/24	1+1 (0547)

ACT

DATE	NUMBERS
19/8/24	1 (10535)
19/8/24	2 (10534)

PHYSIOTHERAPY

Date	
19/8/24	17:00 | 21:00
20/8/24	6:00 | 10:00 | 16:00 | 21:00
21/8/24	6:00 | 9:30 | 16:00
22/8/24	10:00 | 17:00
23/8/24	11:00

NEB · DUOLIN NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
17/8/24	1+1	17/8/24	1
18/8/24	1+1	18/8/24	1+1
19/8/24	1+	19/8/24	1+
20/8/24	1+1+1	20/8/24	1+1
21/8/24	1+1	21/8/24	1+1
22/8/24	1+1+1	22/8/24	1+1

NEB · BUDECO · NEB · DUOLIN OTHERS NEB · FORACORT

DATE	NUMBERS	DATE	NUMBERS
23/8/24	1+1+1	23/8/24	1+1
24/8/24	1+1	24/8/24	1+

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rajesh	17/8/24	18/8/24	19/8/24	20/8/24	21/8/24	22/8/24	23/8/24
Dr. Ajithkrishnan	17/8/24	18/8/24					
DR. Rajesh	24/8/24						
Ms. Catherine (Dietician)	17/8/24	19/8/24	21/8/24	23/8/24	24/8/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 70822/- 8. NIL 24/8/24 RETURNS CHECKED :	CMW017 - OFFPUMPCABG - 97500 24-08-24

CROSS MATCHING :

RESERVATION PF BLOOD : 10 PCV Reservation done.

STERILE TRAY USED : 1 SR TRAY ① no used in OR on 20/8/24

TRANFUSION (BLOOD) SR tray ① used on 24/8/24

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI

Sister In-charge

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	17/08/2024 7:27PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333075212895
		Payer/TPA ID Card No.	013301001000475002905 9
Authorization No.	13H_2257563915757-1	**Name of the Patient**	MUTHULAKSHMI.V
		Age: 52 Years	**Sex:** Female
Date of Admission	17/08/2024 10:0 AM		
Provisional Diagnosis	CHEST PAIN		
Authorization			
Authorised Limit	109200.00		
Authorised Limit (In Words)	One Hundred Nine Thousand, Two Hundred 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.