RY Gnanavelu.

CM SCHEME

Discharge on 23/8/24

MVR

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mr.SILAMBARASU (CM SCHEME
Patient Name 30/Male/MHI202485127
22/08/2024/IPH2024001944
IP No. _____ Dr.RAJESH.V
Room No. ___

OTP - 63,073

D.O.A. 22/8/24 Time 12.16 AM

TRANSFER DETAILS

Rent Per Day 201 - A

Date	Time	From	To	Nurse's Signature
22/8/24	12.30	ADMISSION	IInd FLOOR - [illegible] 201A	[signature]
23/8/24	7.45	IInd FLOOR (201A)	OT	[signature]
23/8/24	12.15	CTOT	SICU	[signature]
25/8/24	10.45	SICU	GW. (Bed)	[signature]

OPERATION THEATRE

Date	: 23/8/2024	OT No.	: CTOT-D
Surgeon	: DR. RAJESH. V	Start Time	: 8.20
I Asst. Surgeon	: DR. PRAVEEN JEYAKUMAR	End Time	: 12.15
II Asst. ~~Surgeon~~	: DEVIKALA	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: USED
Anaesthetist	: DR. SYLVESTER	C-Arm	: —
OT Nurse	: ATCHAYA, SARDUMAR	Arthroscopy	: —
Name of Surgery	: MITRAL VALVE REPAIR OPEN HEART	Laproscopy	: —
VHA. MANMAN DRILL SAW USED, ETO THINKS RS 1000 TO BE CHARGE		Sevoflurane / Isoflurane	: 2 hours 45 mins
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	: 1. 32 MM SJM SEMI IN MITRAL RING

MONITOR

Date	Start	Date	Disconnect
23/8	12.25	25/8/24	10.45

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
23/8/24	12.25	24/8/24	06:00

SYRINGE PUMP

Date	Start	Date	Disconnect
23/8/24	12.25	23/8/24	17:30
23/8/24	12.25	24/8/24	12.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
22/8/24	12.25	23/8/24	16:00

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
24/8/24	HB, UREA, CREATININE (10756)
25/8/24	HB, UREA, CREATININE, SODIUM, POTASSIUM (10798)
27/8/24	HB, urea, Cl^-, Na^+, K^+ (0854)

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

23/8/24	Chest X-ray AP BS (10736)		
24/8/24	CXR AP (BS) (10756)		
25/8/24	CXR AP (BS) (10798)		
27/8/24	ECG, ECHO, X-ray (0851)		

CBG

DATE	NUMBERS	DATE	NUMBERS
22/8/24	4 (0744)		
25/8/24	1 (10798)		

ABG

DATE	NUMBERS	DATE	NUMBERS
23/8/24	3 (10736)	23/8/24	1 (10736)
23/8/24	4 (0743) OT	23/8/24	2 (0743) OT
24/8/24	1 (10756)		
28/8/24	0778 (1)		

ACT

DATE	NUMBERS

PHYSIOTHERAPY

Date	
23/8/24	16:00 | 21:00
24/8/24	6:00 | 9:00 | 16:00
25/8/24	9:00 | 17:00
26/8/24	10:00 | 17:00
27/8/24	10:00 | 17:00
28/8/24	10:30AM

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
23/8/24	1+1		
24/8/24	1+1+1		
25/8/24	1+1+1		
26/8/24	1+1+1		
27/8/24	1+1+1+1		
28/8/24	1+1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rajesh.	22/8/24	23/8/24	24/8/24	25/8/24	26/8/24	27/8/24	28/8/24
Dr. SYLVESTER.	22/8/24.						
Mrs. Catherine (Dietitian)	22/8/24	23/8/24	26/8/24	28/8/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	CMU0052 - Valve repair with tissue valve - 105000
BILL CLEARED : 109939/- 28/8/24	28/8/24
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION PF BLOOD : 10 Pus reservation done on 22/8/24.

STERILE TRAY USED : 1 SR tray used on 24/8/24 in SICU
SR Tray ① used on 27/8/24

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI

Sister In-charge

AUCTUS LABS PRIVATE LIMITED

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

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

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
23/08/2024	AUC/WS523 1/1
Terms	Salesman Name
WHOLE SALES	4-PATIENT
GSTIN	DL NO : N.A
33AABCU3941Q1ZZ	

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	SARP-32 SEGUIN ANNULOPLSTY RING FOR MITRAL VALVE	1	90211000	20296879	05/28	1	0	5 %	1770.00	35400.00	37170.00	35400.00

ITEMS : 1 QTY : 1 BASE : 35400.00 SGST : 885.00 CGST : 885.00 GST : 1770.00 Goods Value: 35400.00

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	35400.00	885.00	885.00	37170.00		CR	
						CD 0.00	0.00
					Rounded Net Amount		37170.00
					AXIS A/C : 922030011606851 IFSC : UTIB0001165		

Amount In Words : Thirty Seven Thousand One Hundred Seventy Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-SILAMBARASU-IP-2024001944-DR.RAJESH.V
Customer Outstanding: **116408795.00**

For AUCTUS LABS PRIVATE LIMITED

User Name
HARI

AUTHORIZED SIGNATORY

Tel. No.:
Fax No.:
Email :

PAYER RESPONSE LETTER

Date	28/08/2024 7:58PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333048609549
		Payer/TPA ID Card No.	013303014007680000117

Authorization No.	13H_2257564041631-2	**Name of the Patient**	SILAMBARASU
		Age: 30 Years	**Sex:** Male
Date of Admission	22/08/2024 9:0 AM		
Provisional Diagnosis	Breathlessness		
Authorization			
Authorised Limit	0.00		
Authorised Limit (In Words)	Zero Only		
Previous Authorised Limit			
Remarks	KINDLY NOTE PACKAGE APPROVED UNDER CMU0052 : VALVE REPAIR WITH PROSTHETIC RING.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.