R1 DR. Gnanvelu

CM SCHEME

Discharge on 27/8/24

CABG

MHI/DP/2022/104

Medway Hospitals®
The way to better
(A Unit of United Alliance Health...)

BILLING CARD

Medway Heart Institute
Where heart beat never stops...

Mrs.SANTHI S(CM SCHEME)
55/Female/MHI202485146
20/08/2024/IP112024001918
Dr.RAJESH.V

Patient Name ________ D.O.A. 20/8/24 Time 11.27AM

IP No. ________

Room No. ________ Rent Per Day 105.

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
20/8/24	11.45	Admission	105-A	
22/8/24	8.00	1st floor 105-A	OT-OT	
22/08/24	12:30.	CTOT	SICU	
23/08/24	11:45	SICU	SDICU	0336
23.8.24	18.00	SDICU	105-A 1st Floor	

OPERATION THEATRE

Date	: 22/08/2024.	OT No.	: II
Surgeon	: DR RAJESH	Start Time	: 8.30
I Asst. Surgeon	: DR PRAVEEN	End Time	: 12.30.
II Asst. ~~Surgeon~~	: PA:- DEVI KALA	Dis. Pack	: 1
III Asst. Surgeon	: —	Diathermy	: USED
Anaesthetist	: DR. SYLVESTER.	C-Arm	: —
OT Nurse	: SASI / THANIKASALAM / FARINA	Arthroscopy	: —
Name of Surgery	: OPCAB (CLOSED HEART)	Laproscopy	: —
JIGA MAN MAN SAW DRILLING		Sevoflurane / Isoflurane	: 3hours
USED, ETO THINGS ₹5,00 TO		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
BE CHARGED.		Others	:

MONITOR

Date	Start	Date	Disconnect
22/8/24	12.35	24/8/24	8.00

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
22/8/24	12.35	24/8/24	8.00

SYRINGE PUMP

Date	Start	Date	Disconnect
22/8/24	12:35	23/8/24	06:30

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP / VENTILATOR

Date	Start	Date	Disconnect
22/8/24	12:35	22/8/24	16:40.

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
23/8/24	HB, UREA, CREATININE (10706)
24/8/24	HB, UREA, CREATINE, SODIUM, POTASSIUM (0758)
26/8/24	Hb, urea, creat, Na+, K+ (0810)

2 1 5

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
20/8/24	ECG (0870)	22/8/24	WARMER STARTED AT 12:35 to 14:35
22/8/24	chest x-ray AP B/s (10666)		
23/8/24	CXR (B/s) A/P (10706)		
23/8/24	CXR B/S A/P 1 (10725)		
24/8/24	CR B/S (0759) ~~1072~~		
26/8/24	C x-ray, ECG, Echo (0810)		

CBG 27				ABG 6		ACT 3	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
20/8/24	1+1 (0870)	22/8/24	1 (0665) OT	22/8/24	2 (0665) OT	22/08/24	2 (0665) OT
21/8/24	1+1	27/8/24	1+1 (0870)	22/8/24	1 (10666)	22/8/24	1 (10666)
22/8/24	1			22/8/24	2 (10689)		
23/8/24	1 (10713)			23/8/24	1 (10706)		
23/8/24	1 (10728)						
23/8/24	1+1+1 (0870)						
24/8/24	1+1+1+1						
25/8/24	1+1+1						
26/8/24	1+1+1						

Date	PHYSIOTHERAPY
22/08/24	16:40 | 21:00
23/08/24	6200 | 10:00
24/8/24	10:00 | 16:00
25/8/24	11:00
26/8/24	10:00 | 17:00
27/8/24	9.30AM

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
22/8/24	1+1						
23/8/24	1+1+1+1						
24/8/24	1+1+1+1						
25/8/24	1+1+1+1						
26/8/24	1+1+1+1						
27/8/24	1+1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RAJESH	20/8/24	21/8/24	22/8/24	23/8/24	24/8/24	25/8/24	26/8/24
DR. pravood (Anaes)	20/8/24						
DR. Rajesh	27/8/24						
Mrs. Catherine (Dietitian)	20/8/24	22/8/24	24/8/24	27/8/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 66927/- [signature] 27/8/24 RETURNS CHECKED :	CMU0017 - OFF PUMP CABG - 97500 [signature] 27/8/24

CROSS MATCHING :

RESERVATION PF BLOOD : 1 unit pcv Reservation done :- 20/8/24

STERILE TRAY USED : SR TRAY 1 used in Bw on 23/8/24
SR Tray 1 used on 26/8/24

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI	[signature] Sister In-charge

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	20/08/2024 3:40PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333836635253
		Payer/TPA ID Card No.	01330250030061600002581
Authorization No.	13H_2257563989547-1	**Name of the Patient**	SHANTHI.S
		Age: 55 Years	**Sex:** Female
Date of Admission	20/08/2024 9:0 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.