

DR. SIVAKUMAR
h-140

INSURANCE

Discharge on 26/8/24

CABG

MHI/DP/2022/104

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

MR. SUKUMAR MADASAMY
47/Male/MHI202485256
20/08/2024/1PH2024001916

Patient Name
IP No. Dr. RAJESH.V
Room No.

BILLING CARD

CCU-2
ward-4



D.O.A. 20/8/24 Time 10:38 AM

TRANSFER DETAILS Rent Per Day Rs 103

Date	Time	From	To	Nurse's Signature
20/8/24	11:30	Admission	1st Floor (103)	[Signature]
21/8/24	8:40	1st F-103	CT OT	[Signature]
21/8/24	13:45	CT OT	SDCU	SK/0031
22/8/24	10:45	SDCU	SDCU	Sw
23/8/24	10:00	SDCU	202	Sw/6334
23/8/24	18:45	202	110	[Signature]

OPERATION THEATRE

Date	: 21/08/2024	OT No.	: CTOT-II
Surgeon	: DR. RAJESH.V	Start Time	: 9:00
I Asst. Surgeon	: DR. PRAVEEN JAYAKUMAR	End Time	: 12:40
II Asst. Surgeon	: DEVIKALA	Dis. Pack	: -
III Asst. Surgeon	:	Djathermy	: USED
Anaesthetist	: DR. SILVESTER	C-Arm	: -
OT Nurse	: RADHIKA, SARDHUMAR	Arthroscopy	: -
Name of Surgery	: OPCAB CLOSED HEART	Laproscopy	: -
VIA	: MANMAN DRILL SAW USED, ETO	Sevoflurane / Isoflurane	: 4 hrs 40 mins
THINNS	: BLOOD TO BE CHARGE	Inj. Fentanyl	: 2ml 10ml/inj. morph:
		Others	: -

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
21/8/24	13:45	22/8/24	10:00				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
21/8/24	13:45	22/8/24	12:00	21/8/24	13:45	21/8/24	20:30
				21/8/24	13:45	23/8/24	9:30

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				21/8/24	13:45	21/8/24	17:00

[illegible]



JCI ACCREDITED NABH ACCREDITED



Every heart beat counts

(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL

Name : MR SUKUMAR MADASAMY		IP Number : IPH2024001916
Age / Sex : 47 Years / MALE		D.O.A : 20/08/2024 AT 10:33
Doctor Name : DR RAJESH		D.O.D : 26/08/2024 AT 18:45
S.No	Description	Values
1	ADMINISTRATION CHARGES	1500.00
2	SINGLE ROOM CHARGES (5000 X 4 DAYS)	20000.00
3	BED CHARGES SICU (7500 X 2 DAYS)	15000.00
4	INTENSIVIST PROFESSIONAL CHARGES	8000.00
5	DMO CHARGES	4000.00
6	LABORATORY	25261.00
7	RADIOLOGY	7476.00
8	VENTILATOR CHARGE	20000.00
9	MONITOR CHARGE	3500.00
10	SYRINGE PUMP CHARGE	4000.00
11	NEBULIZER CHARGE	6000.00
12	OXYGEN CHARGE	4000.00
13	DIET CHARGES	2000.00
14	PHYSIOTHERAPY CHARGES	6800.00
15	STERILIZATION AND DISINFECTANT CHARGES	2500.00
16	DIATHERMY, ETO & ISOFLURANE	5000.00
17	DRUGS	88957.00
18	BLOOD CHARGES	3500.00
19	OT CHARGES (CABG)	45000.00
	(PROFESSIONAL TEAM FEES) :-	
20	DR RAJESH	55000.00
21	DR SYLVESTER	38000.00
22	DR AJITHA	25000.00
TOTAL SERVICE AMOUNT		390494.00
		BILLING
		UNITED ALLIANCE HEALTH CARE PVT LTD

#9, 1st Main Road, United India Colony, Kodambakkam, Chennai - 600024 Tel: 044-4310 8959

f @MedwayHospitals

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94557 94557

1800 572 3003

Medway Group of Hospitals

Medway Centre of Excellence (Chennai)

Kodambakkam	Milagappuram	Chengalpattu	Villupuram	Kumbakonam	Kakinada
044-2473 4455	044-26530011	044-27426829	04146-242000	0435-2412345	0884-2333367

Heart Institute
044-4310 8959

Institute of Pulmonology
044-2473 4451

E-mail: info@medwayhospitals.com | Website: www.medwayhospitals.com | CIN: U74900TN2011PTC083665

MH/HOSP/2022/118

Sanctioned Amount	Rs. 350,000
Advance EMI Amount	(-) Rs. 0
Disbursal Amount	Rs. 350,000
Part 1 Amount	Rs. 175,000
Subvention Amount	(-) Rs. 10,500
Subvention GST	(-) Rs. 1,890
Transferred Amount	Rs. 162,610
Remaining Amount	Rs. 175,000
Part 2 Requested	Rs. 0
Transferred Amount	Rs. 175,000
Total Transfer Amount	Rs. 350,000