REFF:- Dr. ANBUSELVAN
MR Pillai

CM SCHEME

CABG

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mr.ABDUL MUTHALIF.S (CM SCI
63/Male/MHI202485280
27/08/2024/IP112024001977
Dr.RAJESH.V

IP No. _____

Room No. __

D.O.A. 27/08/24 Time 12:02 P.M

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
27/8/24	12.00	ADMISSION	IInd Floor (203-A)	
29/8/24	8.00	II nd Floor	CTOT	
29/08/24	13:05	CTOT	SICU	
31/8/24	10:40	SICU	203-B.	

OPERATION THEATRE

Date	: 29/08/2024	OT No.	: II
Surgeon	: DR RAJESH	Start Time	: 8:30
I Asst. Surgeon	: DR PRAVEEN	End Time	: 13:05
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: DR DEVI KALA	Diathermy	: USED
Anaesthetist	: DR SYLVESTER	C-Arm	: —
OT Nurse	: FARINA / SASI KUMAR.	Arthroscopy	: —
Name of Surgery	: OPCAB (CLOSED HEART)	Laproscopy	: ✓
		~~Sevoflurane~~ / Isoflurane	: 3HRS 20MINS
VIGA MAN MAN. SAW DRILLING USED ETC THINGS SHOULD BE CHARGED		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	: —

MONITOR

Date	Start	Date	Disconnect
29/8/24	13.10	31/8/24	10:40

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
29/8/24	13.10	31/8/24	5.30

SYRINGE PUMP

Date	Start	Date	Disconnect
29/8/24	13.10	30/8/24	12.00
29/8/24	13.10	30/8/24	8.00
30/8/24	15.00	31/8/24	5.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
29/8/24	13.10	29/08/24	16:15

VENTILATOR

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
29/8/24	Haemoglobin (10991)
30/8/24	HB, UREA, CREATININE [11021]
31/8/24	HB, urea, Creatinine, Na^+, K^+ (11070)
2/9/24.	HB, (illegible) (11042)

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

29/8/24	CXR (B/S) A/P - 10991		29/8/24
30/8/24	CXR B/S A/P - 1 (10021)		WARMER x 2 HRS.
30/8/24	CXR B/S A/P - 1 (11018) P/A		
31/8/24	CXR B/S (A/P) - 1 (11070)		
2/9/24.	ECG, ECHO, CXR (1143)		

CBG

DATE	NUMBERS	DATE	NUMBERS
27/8/24	1+1 (0922)	1/9/24	1+1+1 (1147)
28/8/24	1+1 (0922)	2/9/24	1+1+1 (1147)
28/8/24	1 (1147)	3/9/24	1+1+1 (1147)
29/8/24	1 (1147)		
29/8/24	1 (0995)		
30/8/24	2 (11021)		
30/8/24	1 (11018)		
31/8/24	1 (11070)		
31/8/24	1+1+1 (1147)		

ABG

DATE	NUMBERS
29/8/24	2 (0995)
29/8/24	3 (11011)
30/8/24	1 (11021)

ACT

DATE	NUMBERS
29/8/24	2 (0995)
29/8/24	1 (11011)

PHYSIOTHERAPY

Date	
29/8/24	16:20 / 21:30
30/8/24	5:30 / 9:30 / 16:30 / 22:00
31/8/24	5:30. / 9:30 / 16:00
1/9/24	10:00 / 17:00
2/9/24	10:00 / 17:50
3/9/24	10:00

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
29/8/24	1+1+1		
30/8/24	1+1+1		
31/8/24	1+1+1+1		
1/9/24	1+1+1+1		
2/9/24	1+1+1+1		
3/9/24	1+1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rajesh.	27/8/24 3/9/24	28/8/24	29/8/24	30/8/24	31/8/24	01/09/24	2/9/24
Ms. Catherine (Dietitian)	27/8/24	28/8/24	29/8/24	30/8/24	3/9/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	CMV0017 - OFF PUMP CABG
BILL CLEARED : 62070 / 01/8	97500 /
RETURNS CHECKED : 3/9/24.	3/9/24

CROSS MATCHING :

RESERVATION PF BLOOD : 1 ⊙ PCV Reservation Done By versula staff.

STERILE TRAY USED : SR TRAY ① no used in Ruw on 30/8/24

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Karthi

Sister In-charge

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	27/08/2024 5:05PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333356934103
		Payer/TPA ID Card No.	013332084078120000671 7
Authorization No.	13H_2257564144123-1	**Name of the Patient**	ABDUL MUTHALIF.S
		Age: 63 Years	**Sex:** Male
Date of Admission	27/08/2024 1:0 AM		
Provisional Diagnosis	Breathlessness on exertion		
Authorization			
Authorised Limit	109200.00		
Authorised Limit (In Words)	One Hundred Nine Thousand, Two Hundred Only		
Previous Authorised Limit			
Remarks			

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.