Reff Mr. Prabith.
Mr. Selvam.

PTCA.

CM SCHEME 30/8/24 MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mr.VEERATTALINGAM M (CM
67/Male/MHI202485336
27/08/2024/IP112024001975
Dr.G. GNANAVELU

Patient Name _____ D.O.A. 27/8/24 Time 11.36Am

IP No. _____

Room No. _____ Rent Per Day 203 (A)

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
27/8/24	12.00	ADMISSION	IInd floor 203	
28/8/24	14.20	IInd FLOOR	cath Lab	
28/8/24	16.55	CATH LAB	CCU	
29/8/24	10.25	CCU	203 (A)	

OPERATION THEATRE

Mr.VEERATTALINGAM M (CM
67/Male/MHI202485336
27/08/2024/IP112024001975
Dr.G. GNANAVELU

Date	: 28/8/2024.	OT	: b-I
Surgeon	: Dr. Gnanavelu.	Sta	:
I Asst. Surgeon	:	En	:
II Asst. Surgeon	:	Dis	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN Panchavarnam	Arth	:
Name of Surgery	: PTCA	Lap	:
		Sev	:
		Inj.	: hi:
		Oth	:

Mr.VEERATTALINGAM M (CM
67/Male/MHI202485336
27/08/2024/IP112024001975
Dr.G. GNANAVELU

MONITOR

Date	Start	Date	Disconnect
28/8/24	16.55	29/8/24	10.25

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
28/8/24	16.20	28/8/24	16.25

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

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
29/8/24	Urea Creat (0966)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
28/8/24	ECG (10948)		
29/8/24	ECG (0966)		

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
27/8/24	1 (0921)						
28/8/24	1+1+(0921)						
28/8/24	2 (10948						
29/8/24	1 (0966)						
29/8/24	1+1 (1034)						
30/8/24	1+1+ (1034)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Gnanavelu.	28/8/24	29/8/24	30/8/24				
Mr. Catherine Coutinho	27/8/24	28/8/24	29/8/24	30/8/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 21558/- 30/8/24 RETURNS CHECKED :	CM00002 - DTCA - 58700 31/8/24

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :	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: **29/08/2024**
Bill No & Page No: **AUC/WS538 1/1**
Terms: **WHOLE SALES**
Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ
DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	ETERNIA BRIO 2.75X24 EB27524	1	30049099	27524IE2339012	12/25	1	0	5 %	600.00	12000.00	12600.00	12000.00

ITEMS : 1 QTY : 1 BASE : 12000.00 SGST : 300.00 CGST : 300.00 GST : 600.00 Goods Value: 12000.00

Category	Gross	CGST	SGST	Amount	P(Disc)	DB		
5 %	12000.00	300.00	300.00	12600.00		CR		
						CD	0.00	0.00
					Rounded Net Amount			**12600.00**
					AXIS A/C : 922030011606851 IFSC : UTIB0001165			

Amount In Words : Twelve Thousand Six Hundred Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-VEERATTALINGAM-IP-2024001975-DR.GNANAVELU
Customer Outstanding: **117730183.00**

For AUCTUS LABS PRIVATE LIMITED

AUCTUS LABS PVT LTD CHENNAI 600 024

User Name
HARI

AUTHORIZED SIGNATORY

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	27/08/2024 4:44PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333549716779
		Payer/TPA ID Card No.	013306631376720000136l
Authorization No.	13H_2257564142070-2	**Name of the Patient**	VEERATTALINGAM.M
		Age: 67 Years	**Sex:** Male
Date of Admission	27/08/2024 1:0 AM		
Provisional Diagnosis	chest pain		
Authorization			
Authorised Limit	58700.00		
Authorised Limit (In Words)	Fifty Eight Thousand, Seven Hundred Only		
Previous Authorised Limit			
Remarks	CONDITIONAL APPROVAL: Kindly adhere to TNHSP approved stents/Implants.Claims may be denied if other stents/implants are used. Kindly visit www.cmchistn.com-Administrators-circular &Guidelines- File no XXXX. KINDLY USE DRUG ELUTING STENTS OTHERWISE CLAIMS WILL NOT BE PAID....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.