CM SCHEME

CABG. 148

Discharge on 15/9/24

MHI/DP/2022/104

BILLING CARD

Medway Hospital
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

Medway Heart Institute
Where heart beat never stops...

Mrs.MARIMUTHUAMMAL(CM SC
61/Female/MHI202485344
09/09/2024/IP112024002108
Dr.RAJESH.V

Patient Name _____

IP No. _____

Room No. 201

D.O.A. 9/9/24 Time 12:18pm

TRANSFER DETAILS Rent Per Day _____

Date	Time	From	To	Nurse's Signature
9/9/24	12:45	Admission	201B	
10/9/24	8:30	IInd floor	OT	
10/9/24	12.50	CTOT	SICU	
11/9/24	12.15	SICU	SD-ICU	
11/09/24	19:30	SDICU	201-B	
12/9/24				

OPERATION THEATRE

Date	: 10/9/24	OT No.	: OT-I
Surgeon	: DR RAJESH	Start Time	: 9.30
I Asst. Surgeon	: DR. PRAVEEN	End Time	: 12.50
II Asst. Surgeon	: —	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: ✓
Anaesthetist	: DR. SYLVESTER	C-Arm	: —
OT Nurse	: SASI / CHRISTY	Arthroscopy	: —
Name of Surgery	: OPCAB (CLOSED HEART) ✓	Laproscopy	: —
MANIMAN SAW DRILL USED		Sevoflurane / Isoflurane	: 3 hours 10 mins
ETO RS 1000 TO BE CHARGE		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	: —

MONITOR

Date	Start	Date	Disconnect
10/09/24	12:55	11/09/24	19:30

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
10/9/24	12.55	11/9/24	5.00

SYRINGE PUMP

Date	Start	Date	Disconnect
10/09/24	12:55	11/9/24	11.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
10/09/24	12:55	10/9/24	17:55

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
11/9/24	HB, UREA, CREATININE (1162)
12/9/24	Hb, Urea, CR, NA, K (1697)
14/9/24	Hb, UREA, CR, NA, K (1829)

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

10/09/24	CXR AP B/s – 1 (11584)		
11/9/24	CXR AP B/s – 1 (11625)		
12/9/24	CXR (AP) B/s – 1 (11656)		
14/9/24	CXR, ECG, ECHO (1829)		

CBG

DATE	NUMBERS	DATE	NUMBERS
9/9/24	1+1 (1717)	14/9/24	1+1 (1847)
10/9/24	1+1 (1717)	14/9/24	1 (1859)
10/9/24	1 (1160A)	15/9/24	1 (1859)
11/9/24	1 (11625)		
11/9/24	2 (11656)		
11/9/24	1 (1717)		
12/9/24	1+1+1 (1717)		
13/9/24	1+1+1 (1717)		
13/9/24	1+1 (1847)		

ABG

DATE	NUMBERS
10/9/24	1 (11584) Slow
10/9/24	2 (1590) (CT)
10/9/24	2 (1160A)
11/9/24	1 (11625)

ACT

DATE	NUMBERS
10/9/24	1 (11584) Slow
10/9/24	2 (1590) (CT)

PHYSIOTHERAPY

Date	
10/09/2024	15:00 / 17:55
11/9/24	10.00 / 16:30.
12/9/24	11.00 / 16:30
13/9/24	10.00 / 16.00
14/9/24	11.00 / 16.30
15/9/24	12.00

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
10/9/24	1+1+1		
11/9/24	1+1+1		
12/9/24	1+1+1		
13/9/24	1+1+1		
14/9/24	1+1+1		
15/9/24	1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RAJESH	9/9/24	10/9/24	11/9/24	12/9/24	13/9/24	14/9/24.	—
DR. PARWEN	9/9/24						
MS. Catherine (Dietician)	9/9/24	10/9/24	12/9/24	13/9/24	15/9/24		—

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	CM0017 - Off pump CABG - 97500
BILL CLEARED : 71562/- 14/9/24	16/9/24
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION PF BLOOD : 1 ① Reservation done 9/9/24

STERILE TRAY USED : SR Tray ① used on 11/9/24
SR TRAY ① no used in SICU on 12/9/24

TRANFUSION (BLOOD) 1① PRBC TRANSFUSED IN SICU ON 10/9/24

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :

Sister In-charge

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	09/09/2024 4:20PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333035954678
		Payer/TPA ID Card No.	013303020017192000081 1
Authorization No.	13H_2257564428729-1	**Name of the Patient**	MARIMUTHAMMAL
		Age: 61 Years	**Sex:** Female
Date of Admission	09/09/2024 1:0 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.