R/ Mr. Prathipn

NAME ALERT 'Two Patients With Same Name'

CM SCHEME

PTCA

Discharge on 24/8/24

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...

Patient Name: Mrs.SAKILA (CM SCHEME)
54/Female/MHI202485362
26/08/2024/IP112024001968

IP No. _____ Dr.G. GNANAVELU

Room No. _____

D.O.A. 26/8/24 Time 1.44PM.

TRANSFER DETAILS

Rent Per Day 204 G/W

Date	Time	From	To	Nurse's Signature
26/8/24	14.00	ADMISSION	IInd Floor (204-A)	Jeyo24
27/8/24	12.05	IInd FLOOR	Cath Lab	
27/8/24	13.45	Cath Lab	CCU	
28/8/24	13:00	CCU	205-B	

OPERATION THEATRE

Date	: 27/8/24	OT No.	: Cath Lab-I
Surgeon	: Dr. Gnanavelu	Start Time	: 12.40.
I Asst. Surgeon	:	End Time	: 13.25
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Sandhiya	Arthroscopy	:
Name of Surgery	: PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
27/8/24	13.50		

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

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
28/08/24	Urea, Creatinine (0918)

(9)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
27/8/24	ECG-1 (10902)		
28/8/24.	ECG-1 (0918)		

(10)

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
26/6/24	1+(0977)						
27/6/24	1+1(0977)						
27/8/24	1(10902)						
28/8/24.	1 (0918)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Gnanavelu	26/8/24	27/8/24	28/8/24	29/8/24	—	—	
Ms. Catherine (Dietitian)	26/8/24	27/8/24	28/8/24		—	—	
Ms. Sevathai (Psychologist)	29/8/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	CMV0002 - PTA - 58700
BILL CLEARED : 9092 / 9000 OT	29/8/24
RETURNS CHECKED : 29/8/24.	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI

29/8/24
Sister In-charge

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	26/08/2024 4:02PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333671851140
		Payer/TPA ID Card No.	013301001191337000 9136
Authorization No.	13H_2257564121216-1	**Name of the Patient**	SAKILA
		Age: 54 Years	**Sex:** Female
Date of Admission	26/08/2024 1:0 PM		
Provisional Diagnosis	Case of 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 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 ACCO TNHSP RDANCE 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.

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	Bill No & Page No
28/08/2024	AUC/WS533 1/1
Terms: IS-INTERNAL 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 2.75X20 EB27520	1	3004909	N27520IE2430054	05/26	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-SAKILA-IP-2024001968-DR.GNANAVELU

For AUCTUS LABS PRIVATE LIMITED

User Name
HARI 1:55:12 PM

AUTHORIZED SIGNATORY