Ry
Mr. Pillai

CM SCHEME

Discharge on 3/9/24

CABG

MHI/DP/2022/104

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

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Mr.GOVINDARAJAN M (CM SCH)
72/Male/MHI202485366
02/09/2024/IP12024002031
Dr.RAJESH.V

Patient Name _____

IP No. _____

Room No. ___

D.O.A. 2/9/24 Time 11.46 AM

h-154

TRANSFER DETAILS Rent Per Day 105.

Date	Time	From	To	Nurse's Signature
2/9/24	12.00	Admission	1ST F-105	
3/9/24	9.50	1ST FLOOR C105	CTOT	
3/9/24	14.20	CTOT	CDLW	
4/9/24	12:30	CDLW SICU	SDLW	
5/9/24	10:40	CDLW	201-13	

OPERATION THEATRE

Date	: 03/09/2024	OT No.	: CTOT-I
Surgeon	: DR.RATESH.V | DR.KALASH	Start Time	: 10.15
I Asst. Surgeon	: DR.PRAVEEN JEYAKUMAR	End Time	: 14.20.
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: USED
Anaesthetist	: DR. SILVESTER	C-Arm	: —
OT Nurse	: FARINA, SARAVUMAR, ATCHAYA	Arthroscopy	: —
Name of Surgery	: OPCAB | CLOSED HEART.	Laproscopy	: —
VIVA: MANMAN DRILL SAW USED. EXTRA THINGS RS1000 TO BE CHARGED		Sevoflurane / Isoflurane	: 3 HRS
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
3/9/24	14:20	5/9/24	10:40

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
3/9/24	14.20.	4/9/24	8:00

SYRINGE PUMP

Date	Start	Date	Disconnect
3/9/24	14:20	3/9/24	21-30

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
3/9/24	14:20	3/9/24	18:00

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
4/9/24	HB, UREA, CREATININE (1238)
5/9/24	HB, UREA, CREATININE, SODIUM, POTASSIUM (1297)
7/9/24	HB, UREA, CREATININE, (1337)

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

3/9/24	CXR AP BLS - 1 (11213)		
4/9/24	CXR AP BLS - 1 (1238)		
4/9/24	CXR - AP - BLS (1) (11275)		
5/9/24	CXR - AP - BLS (1) (1297)		
6/9/24	ECG, X-ray Echo (1386)		

CBG (4)

DATE	NUMBERS	DATE	NUMBERS
2/9/24	1 (1386)		
3/9/24	1+ (1211)		
4/9/24	1 (1297)		
3/9/24	(1386)		

ABG (8)

DATE	NUMBERS	DATE	NUMBERS
3/9/24	5 (11213)	3/9/24	1 (11213)
4/9/24	1 (1238)	3/9/24	2 (1211)
3/9/24	2 (1211)		

ACT (3)

PHYSIOTHERAPY

Date	
3/9/24	18.00
4/9/24	9:00 / 16.15
5/9/24	10.00 / 18.40
6/9/24	10:00

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
3/9/24	1+1		
4/9/24	1+1+1+1		
5/9/24	1+1+1+1		
6/9/24	1+1+1+1		
7/9/24	1+1+1+1		
8/9/24	1+		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RAJESH	2/9/24	3/9/24	4/9/24	5/9/24	6/9/24	7/9/24	8/9/24
DR. PRAVEEN	2/9/24						
MS. Adhaina (Dietician)	2/9/24	3/9/24	5/9/24	8/9/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 6/9/24 / Geeey 01:58 BILL CLEARED : RETURNS CHECKED : 6/9/24.	Cmwo17 - off pump CABG 97500 6/9/24

CROSS MATCHING :

RESERVATION PF BLOOD : 10 pu Reservation done (2/9/24)

STERILE TRAY USED : SR TRAY (1) no used in Ruw on 4/9/24
SR Tray (1) used on 6/9/24

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI

Sister In-charge

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	02/09/2024 2:42PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333057511850
		Payer/TPA ID Card No.	013304027025225000159
Authorization No.	13H_2257564281826-1	**Name of the Patient**	GOVINDARAJAN.M
		Age: 72 Years	**Sex:** Male
Date of Admission	02/09/2024 9:0 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			

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.