Ref: ESI

ESI

Discharge on 31/8/24

CRT-D

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mr.NAGARAJ AZHAGARSAMI [E
59/Male/MHI202485396
28/08/2024/IP112024001991
Dr.K.JAISHANKAR

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 28/08/24 Time 06:20 PM

G/W

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
28/8/24	18.50	ADMISSION	IInd floor GW-1	
29/8/24	8.15	GW - 1	Cath lab	
29/8/24	12.35	CATH LAB	CCU	
30/8/24	11:00	CCU	IInd floor GW	

OPERATION THEATRE

Date	: 29/8/24	OT No.	: Cath lab - II
Surgeon	: DR. Jaishenkar.	Start Time	: 9.30
I Asst. Surgeon	:	End Time	: 12:35
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Sandhiya	Arthroscopy	:
Name of Surgery	: CAG + TPI + CRT-D	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
29/8/24	12.35	30/8/24	11:00

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
29/8/24	12.35	30/8/24	8:00

DNT NOE

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
30/8/24	CBC, RFT (1034)
30/8/24	C

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
29/8/24	ECOI - I (11013)		
30/8/24	ECG - (1034)		
30/8/24	ECG (Magnet) (1041)		
30/8/24	CXR Deep Penetrating (1037)		

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
28/8/24	1 (1026)						
29/8/24	1						
29/8/24	2 (11013) (11014)						
30/8/24	1 (1034)						
31/8/24	1+1 (1026)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr- Jaishankar.	29/8/24	30/8/24	31/8/24				
Mrs. Catherine (Dietitian)	29/8/24	30/8/24	31/8/24				
Ms. Sevaltal (Psychologist)	31/8/24						

PHARMACY		AMBULANCE
OT DRUGS REPLACED :		565 - 53100 + 8mplant
BILL CLEARED :	23499 / 01	558 - 8640
RETURNS CHECKED :	31/8/24	601 - 2975 31/8/24

T- 5,64,030

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :	Sister In-charge

27.08.24 TCGN

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

UTI ID 624 2218

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024043992	Insurance No/Staff/ Pensioner Card	: 5121575306
Name of the Patient	: Mr. Nagaraj Azhagarsami	Age/Gender : 59 Years /Male	UHID : TN01.0006122233
UAN of IP	:		
Address/Contact No	: 13 Amman Koil Street Kadaperi Tambaram Chennai Tamilnadu INDIA -		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Spouse		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Acute ischaemic heart disease, unspecified - I24.9 Remarks :		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 06-Sep-2024 558 - TPI Single Chamber - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 06-Sep-2024 565 - Combo device implantation - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 06-Sep-2024		

Dr. K ... MED.D ... Professor ... E.S.I.C. Medical College & Hospital, K.K.Nagar, Chennai-78.

Remarks Additional Clinical Information/Procedure/Investigation: coronary angiogram

Reasons / Purpose for Referral Investigations/Rx/Procedure : temporary pacemaker implantation
lack of facility
cardiac resynchronisation therapy with defibrillator

Name of the empanelled hospital whereto refer

Hospital: MEDWAY HOSPITALS
Department: Cardiology

Dr. K.V BA... Medicine ... E.S.I.C. Medical College & Hospital, K.K.Nagar, Chennai-78.

Date & Time of Referral : 27-Aug-2024 09:17:13 AM

Name and Designation of the Referring Doctor
Dr. Krishna VEnkatesh Balga , PROFESSOR

Or,Agreeing to / contradicting the above, I voluntarily choose MEDWAY. Hospital for treatment of self or ... (Relationship)

Date and Time:

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to ... Department of ... Hospital/Diagnostic Centre for ... (Reason/Purpose for referral)

(VERIFIED &RECOMMENDED BY)
(Signature, Name &Designation)
Date & Time: 27.8.24

27.08.24

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time:

K.K. Nagar, Chennai-78

N.B.

The entitlement eligibility of the patient should also be verified through IP Portal at www.esic.in. Referral shall be governed by the rules and administrative instructions issued from time to time.Referred Hospital is instructed to perform only those procedure/treatment for which the patient has been referred to. In case any additional procedure / treatment /investigation is essentially required to be carried out, permission for the same is mandatorily required from the approving authority of the referring hospital. The validity of this referral is upto 7 days from the date of issuance or as per the contract whichever is later and is subject to fulfilment of other terms and conditions as defined in the contract/agreement.

Printed By : krivenba

27-08-2024

9884589683

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
30/08/2024	AUC/WS541 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	PACEMAKER UNIFY ASSURA	1	30049099	5569713	02/26	1	0	5 %	17971.40	359428.0	377399.4	359428.00
2		LEAD TENDRIL	1	90189099	EEL166303	02/27	1	0	18 %	2017.80	11210.00	13227.80	11210.00
3	1 NA	LEAD OPTISURE	1	90189099	DAP074191	02/27	1	0	12 %	7363.20	61360.00	68723.20	61360.00
4	1 NA	LEAD QUICKFLEX	1	30041010	EDB013198	02/27	1	0	18 %	5310.00	29500.00	34810.00	29500.00
5	1 NA	SHEATH 10F	1	90183990	9163491	07/26	1	0	12 %	184.08	1534.00	1718.08	1534.00
6	1 NA	SHEATH 8F	1	90183990	10236888	02/27	1	0	12 %	184.08	1534.00	1718.08	1534.00
7		SHEATH 6F REF 405104	1	90183990	10085163	10/26	1	0	12 %	184.08	1534.00	1718.08	1534.00
8	1 NA	UNIVERSAL SLITTER	1	30049099	10204860	01/27	1	0	12 %	0.00	0.01	0.01	0.01
9	1 NA	CPS DIRECT	1	90189099	8632450	07/25	1	0	12 %	0.00	0.01	0.01	0.01
10	1 NA	CPS GUIDEWIRE	1	90189099	8210057	05/26	1	0	12 %	0.00	0.01	0.01	0.01

ITEMS : 10 QTY : 10 BASE :466100.03 SGST : 16607.32 CGST :16607.32 GST : 33214.64 Goods Value: 466100.03

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	359428.00	8985.70	8985.70	377399.40		CR	
12 %	65962.03	3957.72	3957.72	73877.47		CD	0.00
18 %	40710.00	3663.90	3663.90	48037.80		Rounded Net Amount	499315.00

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Four Lakhs Ninety Nine Thousand Three Hundred Fifteen Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-NAGARAJ AZHAGARSAMI-IP-2024001991-DR.JAISHANKAR

Customer Outstanding: **118229498.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUCTUS LABS PVT LTD CHENNAI 600 024

AUTHORIZED SIGNATORY