REF: DR. THIRUVIKRAM PRAKASH
MR. DHINAKARAN.

CM SCHEME

AVR

Discharge on 8/9/24

MHI/DP/2022/104

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthcare Pvt)

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops

Mr.MURUGAN SUNTHARAPANDI
54/Male/MHI202485435
02/09/2024/IP1I2024002030
Dr.RAJESH.V

Patient Name _____ D.O.A. 02/09/24 Time 11:46 AM

IP No. _____

Room No. ___ TRANSFER DETAILS Rent Per Day TIS

Date	Time	From	To	Nurse's Signature
2/9/24	12.10	ADMISSION	105	
2/9/24	12.30	1ST FLOOR (105)	CTOT	
3/9/24	18:02	CTOT-II	SICU	
5/9/24	10:15	SICU	201-A	

OPERATION THEATRE

Date	: 03/09/2024.	OT No.	: CTOT-II
Surgeon	: DR. RAJESH	Start Time	: 13:00
I Asst. Surgeon	: DR. GHAYOOR AHMED	End Time	: 18:02
II Asst. Surgeon	PA: SARITHA	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: 1 USED
Anaesthetist	: DR. PRUSHOTHAMAN/DR.SHAPNA	C-Arm	: -
OT Nurse	: S/NSASIKUMAR.	Arthroscopy	: —
Name of Surgery	: AVR (OPEN HEART)	Laproscopy	: —
MAN-MAN ~~SAW~~ DRILLING USED		Sevoflurane / Isoflurane	: — 3HRS
ETO THINGS ₹1000 TO RECHARGED		Inj. Fentanyl	: 2ml 10ml/inj. monphi: —
		Others	: MILTOWIA AORTIC 23MM

MONITOR

Date	Start	Date	Disconnect
3.9.24	18:05	5/9/24	10:15

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
3/9/24	22.15	4/9/24	17:00

SYRINGE PUMP

Date	Start	Date	Disconnect
3.9.24	18:05	4/9/24	20.0.

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
3.9.24	18:05	3/9/24	22.15

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 RBS (D36)
5/9/24	HB, UREA, CREATININE, Nat, Kt (91294)
6/9/24	PT-INR (91353)
8/9/24	HB, urea creatinine, Nat, kt, PT-INR (1385)

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

3/9/24	Chest X-ray AP B/S 1 (11226)	3/9/24	NEBULIZER STARTED 18:05 - 20:05 (2HRS)
4/9/24	Chest X-ray AP B/S (1236)		
4/9/24	CXR (B/S) AP 11268		
5/9/24	CXR AP B/S (11294)		
6/9/24	chest x-ray, Echo, ECG (1324)		

CBG

DATE	NUMBERS	DATE	NUMBERS
2/9/24	1 (1324)		
4/9/24	1 (1236)		
5/9/24	1 (11294)		

ABG

DATE	NUMBERS
03/9/24 OT	11225 (4)
03/9/24	2 (11226)
3/9/24	2 (1236)
4/9/24	1 (1236)

ACT

DATE	NUMBERS
03/9/24 OT	11225 (5)
3/9/24	1 (11226)

PHYSIOTHERAPY

Date	
4/9/24	9:00 / 17:15
5/9/24	9.45 / 18.45
6/9/24	10:00

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
3/9/24	1 +		
4/9/24	1 + 1 + 1 + 1		
5/9/24	1 + / + / + / 1		
6/9/24	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. catherine condition	2/9/24	3/9/24	5/9/24	8/9/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	CMV00 25 – valvereplacement
BILL CLEARED : 122722/Recpt 0188	OTP-55668/36500
RETURNS CHECKED : 6/9/24.	6/9/24

CROSS MATCHING :

RESERVATION PF BLOOD : 1 ⓞ pw Reservation done (2A/24)

STERILE TRAY USED : SR TRAY ⓞ no used in SICU

TRANFUSION (BLOOD) SR Tray ⓞ used on 4/9/24 on 6/9/24

ATTENDER'S HOLDING :

OTHER PROCDURES : TEE PROBE 4D

Admission Officer : Rehna banu.

Sister In-charge

AUCTUS LABS PRIVATE LIMITED

O.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

o : 686
NITED ALLIANCE HEALTHCARE (P)
TD - CARDIAC PATIENT
ARDIAC
ODAMBAKKAM
HENNAI 600024
PH :

Bill Date	Bill No & Page No
04/09/2024	AUC/WS562 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	MILTONIA AORTIC 23MM	1	30049099	A23MLTA74051	05/27	1	0	5 %	2100.40	42008.00	44108.40	42008.00

ITEMS : 1 QTY : 1 BASE : 42008.00 SGST : 1050.20 CGST : 1050.20 GST : 2100.40 Goods Value: 42008.00

Category	Gross	CGST	SGST	Amount
5 %	42008.00	1050.20	1050.20	44108.40

P(Disc)	DB	
	CR	
	CD	0.00
Rounded Net Amount		0.00
		44108.00

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Forty Four Thousand One Hundred Eight Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-MURUGAN SUNTHARAPANDI-IP-2024002030-DR.RAJESH.V

Customer Outstanding: **119826942.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	02/09/2024 5:54PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333128961345
		Payer/TPA ID Card No.	0133070470538860000598
Authorization No.	13H_2257564282175-1	**Name of the Patient**	MURUGAN.S
		Age: 54 Years	**Sex:** Male
Date of Admission	02/09/2024 10:0 AM		
Provisional Diagnosis	Breathlessness		
Authorization			
Authorised Limit	136500.00		
Authorised Limit (In Words)	One Hundred Thirty Six Thousand, Five Hundred Only		
Previous Authorised Limit			
Remarks	APPROVED FOR MANAGEMENT CLAIMS WILL BE SETTLED IN ACCORDANCE WITH 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.