DR. Gnanavelu

CM SCHEME

Discharge on 17/9/24

163 83.4

CABG

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mr. JAYACHANDRAN. M.S (CM S
50/Male/MHI202485461
11/09/2024/IP11202400213O
Dr.RAJESH.V

Patient Name _____ D.O.A. 11/9/24 Time 01.22PM

IP No. _____

Room No. ___ TRANSFER DETAILS Rent Per Day 2000.10/-

Date	Time	From	To	Nurse's Signature
11/9/24	13:54	Admission	10/1 - B	
12/9/24	12.30	ISTROOM	CT.	
12/9/24	18:00	CTOT	SICU.	APN : 0349
13/9/24	11.30	SICU	SDICU	
14/9/24	10.40	SDICU	2OT	

OPERATION THEATRE

Date	: 12/9/24	OT No.	: CTOT
Surgeon	: DR. RAJESH	Start Time	: 1330
I Asst. Surgeon	: DR. PRAVEEN	End Time	: 18:00
~~II Asst. Surgeon~~	: DEVIKALA	Dis. Pack	: -
III Asst. Surgeon	:	Diathermy	: ✓
Anaesthetist	: DR. SYLVESTER	C-Arm	: -
OT Nurse	: RADHIKA / SASI	Arthroscopy	: -
Name of Surgery	: OPCAB[CLOSED HEART]VHA	Laproscopy	: -
MANMAN SAW DRILL USED		Sevoflurane / Isoflurane	: 3 HRS
ETO RS 1000 TO BE CHARGE		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
12/9/24	18.05	14/9/24	10.35

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
12/9/24	18.05	13/9/24	9.00

SYRINGE PUMP

Date	Start	Date	Disconnect
12/9/24	18.05	13/9/24	4.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
12/9/24	18.05	12/9/24	20:45

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
13/9/24	HB, UREA, CREATININE (11759)
14/9/24	Hb, urea, creatinine, Na, K+ (11814)
16/9/24	Hb, UREA, CREAT, NA, K+ (1930)

(1) (1) (5)

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

12/9/24	CXR A/P B/S - ① (11737)		
13/9/24	CXR A/P B/S → ① (11759)		
13/9/24	CXR A/P B/S → (11782)		
14/9/24	CXR A/P B/S → (11814)		
16/9/24	~~CXR~~ ECG - ECHO (1930)		

CBG (7)

DATE	NUMBERS	DATE	NUMBERS
11/9/24	1+1 (1709)		
12/9/24	1+1 (1709)		
13/9/24	1 (11782)		
13/9/24	1 (11788)		
14/9/24	1 (11814)		
14/9/24	1+1		
15/9/24	1+1+1 (2001)		
16/9/24	1+1+1		
17/9/24	1+1+1		

ABG (6)

DATE	NUMBERS
12/9/24	(2) of 11741
12/9/24	1 (11739)
13/9/24	3 (11759)

ACT (4)

DATE	NUMBERS
12/9/24	(3) of 11741
12/9/24	1 (11737)

PHYSIOTHERAPY

Date	
13/09/24	9:16 / 16.00
14/9/24	9.30 / 17.00
15/9/24	10.40
16/9/24	10.30 / 17.00

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
12/9/24	1+		
13/9/24	1+1+1+1		
14/9/24	1+1+1+1		
15/9/24	1+1+1		
16/9/24	1+1+1+1		
17/9/24	1+1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RAJESH	11/9/24	12/9/24	13/9/24	14/9/24	15/9/24	16/9/24	17/9/24
DR. SYLVESTER	11/9/24						
MS. Catherine (dietition)	11/9/24	12/9/24	13/9/24	14/9/24	15/9/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 65658 / Green Office RETURNS CHECKED : 17/9/24.	CMU00 17 - OFF PUMP CABG 97500 17.09.24

CROSS MATCHING :

RESERVATION PF BLOOD : (1) - Blood Reservation.

STERILE TRAY USED : 1 SR TRAY USED IN SICU ON 13/9/24
SR Tray ✓ used

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI

Sister In-charge

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	11/09/2024 4:22PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	04G0003532
		Payer/TPA ID Card No.	013301615371784000218 2
Authorization No.	13H_2257564483129-1	**Name of the Patient**	JAYACHANDRAN.M S
		Age: 50 Years	**Sex:** Male
Date of Admission	11/09/2024 1:0 AM		
Provisional Diagnosis	left side pricking type 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.