Ref: DR KJ

CM SCHEME

Discharged on 15/9/24

202 CABG

MHI/DP/2022/104

BILLING CARD

Medway Hospital
The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

Medway Heart Institute
Where heart beat never stops...

Mr.KARUNANITHI (CM SCHEME
65/Male/MHI202485478
09/09/2024/IP112024002109
Dr.KAILASH A JAIN

Patient Name _____ D.O.A. 09/09/24 Time 3.00 pm

IP No. _____

Room No. _____ Rent Per Day G/W

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
9/9/24	15.30	Admission	1st FLOOR 204	
10/9/24	7.50	204-B	CTOT	
10/9/24	13:20	OT 2	SICU	
12/9/24	12.30.	SICU.	2nd FLOOR 203(A)	

OPERATION THEATRE

Date	: 10/9/24	OT No.	: II
Surgeon	: Dr KAILASH A JAIN	Start Time	: 8:25
I Asst. Surgeon	: Dr GHAYOOR AHMED.	End Time	: 13:20
II Asst. Surgeon	: Ms. SARITHA	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: USED
Anaesthetist	: Dr. SHARNA VARMA	C-Arm	: -
OT Nurse	: C/N MALA / THANKRACHAN	Arthroscopy	: -
Name of Surgery	: OP CAB (CLOSED HEART)	Laproscopy	: -
MAN-MAN SAW DRILLING USED.		Sevoflurane / Isoflurane	: - 3 HRS
ETOTHWG (₹1000 TORE CHARGED.		Inj. Fentanyl	: 2ml 10ml/inj. monphi: -
		Others	: -

MONITOR

Date	Start	Date	Disconnect
10/09/24	13:30	12/9/24	11:55

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
10/9/24	13.30	12/9/24	08:00

SYRINGE PUMP

Date	Start	Date	Disconnect
10/9/24	~~10/09/24~~ 13.30	13/9/24.	2.00.

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
10/09/24	13:30.	10/9/24	17.40

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
	(1550)
9/9/24	TSH, Cr extend (1543)
11/9/24	WBC, RFT, RBS (11619)
14/9/24	CBC, UREA, CRT, NA+ K+ (1828)

(3) (1) (3)

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

10/09/24	Chest X-ray A/P BLS - 1 (11583)		
10/9/24	ECG (Bedside) - (1) (11583)		
11/9/24	ECG Bedside - (1) (11619)		
11/9/24	CXR A/P BLS - (1) (11657)		
14/9/24	CXR, ECG, ECHO (11628)		

(1)

CBG

DATE	NUMBERS	DATE	NUMBERS
9/9/24	1+1 (11846)		
10/9/24	1+1 (11846)		
10/9/24	1 (11598)		
11/9/24	2 (11657)		
12/9/24	1 (11721)		

(1)

ABG

DATE	NUMBERS	DATE	NUMBERS
10/9/24	1 (11583)	10/9/24	1
10/9/24	2 ABG (11596)	10/9/24	ACT 1 (11596)
10/9/24	2 (11598)		
10/9/24	1 (11620)		
12/9/24	1 (11721)		

(1)

ACT

(1)

PHYSIOTHERAPY

Date	
10/9/24	17:40
11/9/24	8:45 / 16:30
12/9/24	9.00 / 16:30
13/9/24	9:15 / 15:30
14/9/24	10.15 / 15.00
15/9/24	10.30

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
10/9/24	1+1		
11/9/24	1+1+1		
12/9/24	1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RAJESH	9/9/24	10/9/24	11/9/24	12/9/24	13/9/24		
DR. praveen.	9/9/24						
DR. KAILASH JAIN	11/9/24	12/9/24	13/9/24	14/9/24	15/9/24		
DR. CMT	9/9/24	11/9/24					
Ms. catherine (dietitian)	9/9/24	10/9/24	12/9/24	13/9/24	15/9/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 72/25/- 14/9/24 RETURNS CHECKED :	T- 97500 CMV0017 - OFF PUMP CABG - 97500 16/9/24

CROSS MATCHING :

RESERVATION PF BLOOD : 2 (1) PCV Reservation done 9/9/24

STERILE TRAY USED : SR TRAY (1) no used in OT on 12/9/24
SR TRAY (1) used

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : 2D TEE PROBE

Admission Officer :

Sister In-charge

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	10/09/2024 6:26PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333625260527
		Payer/TPA ID Card No.	013315099086088000065O
Authorization No.	13EH_2257564443299-1	**Name of the Patient**	KARUNANITHI
		Age: 65 Years	**Sex:** Male
Date of Admission	09/09/2024 6:0 PM		
Provisional Diagnosis	Chest pain on and OFF		
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.