REF! ESI

PTCA

Discharge on 5/9/24

ESI

MHI/DP/2022/104

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

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name Mr.VENGADESAN SAMINATHAN
72/Male/MHI202485489
03/09/2024/IP1120240020 43
Dr.G. GNANAVELU

D.O.A. 03/09/24 Time 11.24 AM

IP No. _____

Room No. ___

Rent Per Day G/W

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
3/9/24	11:25	FO	RCU	
3/9/24	13.40	CCU	cath	
3/9/24	15.40	Cath lab	II CCU	
4/9/24	10:40	CCU	II Gw	

OPERATION THEATRE

Date	: 3/9/2024	OT No.	: Cath lab - I
Surgeon	: DR. Gnanavelu.	Start Time	: 13:15
I Asst. Surgeon	:	End Time	: 15.25
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Sandhiya	Arthroscopy	:
Name of Surgery	: PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
3/9/24	15.40	4/9/24	10:40

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

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
3/9/24	RAT (1326)
04/09/2024	Sr. urea, Sr. creatinine (1241)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
3/9/24	ECG (1224)		
4/9/24	ECG (1941)		

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
3/9/24	1 (1224)						
4/9/24	0 (1941)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GNANAVELU	3/9/24	4/9/24	5/9/24				
Ms. Catherine (Dietitian)	3/9/24	4/9/24	5/9/24				
Ms. Sevathai (Physiotherapist)	4/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 11504 Recd Oi 88 RETURNS CHECKED : 5/9/24.	SAS - PRA - 75353 + Staff 5/9/24

T-1,25,353

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : Reshma banu.

6/11
Sister In-charge

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
04/09/2024	**AUC/WS563 1/1**
Terms	Salesman Name
WHOLE SALES	4-PATIENT
GSTIN	DL NO : N.A
33AABCU3941Q1ZZ	

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	ONYX TRUCOR DES TRCR 27518X 2.75X18MM	1	30049099	0012054251	11/26	1	0	5 %	1190.48	23809.52	25000.00	23809.52
2	1 NA	ONYX TRUCOR DES TRCR 25038X 2.50X38	1	30049099	0011884428	07/26	1	0	5 %	1190.48	23809.52	25000.00	23809.52

ITEMS : 2 QTY : 2 BASE : 47619.04 SGST : 1190.48 CGST : 1190.48 GST : 2380.95 Goods Value: 47619.04

Category	Gross	CGST	SGST	Amount	P(Disc)	DB / CR / CD		
5 %	47619.04	1190.48	1190.48	49999.99		CD	0.00	0.00
						Rounded Net Amount		**50000.00**
						AXIS A/C : 922030011606851 IFSC : UTIB0001165		

Amount In Words : Fifty Thousand Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-VENKADESAN SAMINATHAN-IP-2024002043-DR.GNANAVELU
Customer Outstanding: **119876942.00**

For AUCTUS LABS PRIVATE LIMITED

User Name
HARI

AUTHORIZED SIGNATORY

(Form P.1)

2776/KN

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil/2024044673	Insurance No/Staff/ Pensioner Card	: 5120649142
Name of the Patient	: Mr. Venugadesan Sammathan	Age/Gender : 72 Years /Male	UHID : KDBM.000002161
UAN of IP	:		
Address/Contact No	: , , Chennai Tamilnadu INDIA		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Dependant father		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Acute ischaemic heart disease, unspecified - I24.9 Remarks		
CGHS (Name and Code)*	: 545 - Balloon coronary angioplasty/PTCA without VCD - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 08-Sep-2024		

Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure :

PCI TO LAD
PCI TO MAJOR OM

ED),D.M.,(Nephro)
Professor & HOD

Name of the empanelled hospital whereto refer

Hospital MEDWAY HOSPITALS
Department Cardiology

Date & Time of Referral 29-Aug-2024 03:59:09 PM

K.V. BALIGA M.D.,(MED),D.M.,(Nephro)
Name and Designation of the Referring Doctor
Dr. Krishna Venkatesh Baliga PROFESSOR

Dr. Agreeing to / contradicting the above, I voluntarily choose Medwayhospital Hospital for treatment of self or dependent father (relationship)

Date and Time 29/8/24 Signature/ Thumb Impression of IP/Beneficiary/Staff

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Referred to Department of Hospital/Diagnostic

Centre for (Reason/purpose for referral)

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

(AUTHORISED SIGNATORY)
(Signature, Name & Designation)
Date & Time

Superintendent
ESIC Medical College & Hospital
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.

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