

RJ
ESI

ESI

CAG

MHI/DP/2022/104



Medway Hospitals
The way to better!
(A Unit of United Alliance Healthcare)

BILLING CARD





Medway Heart Institute
Where heart beat never stops...

Patient Name _____

IP No. _____

Room No. _____

Mrs. THIRESA.T (ESI)
55/Female/MHI202485550
06/09/2024/1P112024002087
Dr. K. JAISHANKAR



D.O.A. 6/9/24 **Time** 01.01 PM

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
6/9/24	1.15 PM	FRONT OFFICE	RL	Prinm 0360
6/9/24		①	Cath lab.	Prinm. 0360.
6/9/24	15.20	Cath lab	RL	Pio273

OPERATION THEATRE	
Date : 6/9/24	OT No. : Cath Lab ②
Surgeon : Dr. Jaishankar	Start Time : 14.50
I Asst. Surgeon :	End Time : 15.10
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : R/N Abhinaya	Arthroscopy :
Name of Surgery : CAG	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	Others :

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED				SCD PUMP		VENTILATOR	
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]



DO NOT MUTILATE THE QR CODE

Referral No : Tamil2024044585
 Name of the Patient : Ms. Thirasa T
 UAN of IP :
 Address/Contact No :
 Identification marks (if any) :
 IP/Beneficiary/Staff : Beneficiary
 Relationship with IP/Staff : Dependant mother
 Entitled for Specialty Rx : YES
 Entitled Super Specialty Rx : YES
 Diagnosis : ICD - Atherosclerotic heart disease - I25.1
 CGHS (Name and Code)* : 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures /
 Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto -
 08-Sep-2024

Insurance No/Staff/ Pensioner Card :
 Age/Gender : 56 Years /Female

5133120926
 UHID : HKKN.0000248385



Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure :

Name of the empanelled hospital whereto refer

Hospital MEDWAY HOSPITALS
 Department Cardiology

Date & Time of Referral : 29-Aug-2024 11:47:30 AM

Name and Designation of the Referring Doctor :
 Dr. S. USHALAKSHMI S - Associate Professor
 Department of Medicine
 ESIC Medical College & Hospital
 K.K. Nagar, Chennai-600 078

Or, Agreeing to / contradicting the above, I voluntarily choose MEDWAY
 for my self (relationship).

Hospital for treatment of self or

Date and Time: 29/8

T. Thirasa

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:

[Signature]
 A. SIVAKUMAR

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

[Signature]
 Dr. S. USHALAKSHMI S - Associate Professor
 Department of Medicine
 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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29-08-2024

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