Dr. Balaji Pedi.

CM SCHEME

CABG

Discharge on 21/9/24

MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better
(A Unit of United Alliance Health)

Medway Heart Institute
Where heart beat never stops...

Mr.SUBRAMANIAN.N(CM SCHEM
56/Male/MHI202485597
14/09/2024/IPH2024002159
Dr.RAJESH.V

Patient Name _____

IP No. _____

Room No. ___

D.O.A. 14/9/24 Time 10.23AM

Rent Per Day GW

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
14/9/24	11.15	Admission	2nd F- GW-1	
16/9/24	12.40	1st Floor	CT OT	
16/9/24	16:40	CTOT	SICU	
18/9/24	10.45	SICU	GW-1	

OPERATION THEATRE

Date	: 16/9/24	OT No.	: OT-II
Surgeon	: Dr. Rajesh	Start Time	: 13.00
I Asst. Surgeon	: —	End Time	: 16:40
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: used
Anaesthetist	: Dr. Praveen	C-Arm	: —
OT Nurse	: Devi Kala / Radhika / [illegible]	Arthroscopy	: —
Name of Surgery	: OPCAB Coronary heart	Laproscopy	: —
	2 GTA mammary graft used	Sevoflurane / Isoflurane	: 3 HRS
	CTO Rs/100 to be Charged	Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	: —

MONITOR

Date	Start	Date	Disconnect
16/9/24	16.45	18/9/24	10.45

INFUSION PUMP

Date	Start	Date	Disconnect
	—	—	

OXYGEN

Date	Start	Date	Disconnect
16/9/24	16.45	17/9/24	5.00

SYRINGE PUMP

Date	Start	Date	Disconnect
16/9/24	16.45	17/9/24	5.00

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
15/9/24	PT - INR (1896)
17/9/24	Hb, UR, CR (11931)
18/9/24	HB, Urea, Creatinine, Nat, Kt (12057)
20/9/24	HB, Urea, creatine, nat, Kt. [2193]

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

16/9/24	CXR AP BIS - 1 (11966)		
17/9/24	CXR - AP - BIS (1) (11981)		
17/9/24	CXR (AP) BIS - (1) (12011)		
17/9/24	ECG (GP) — (1) (11998)		
18/9/24	CXR AP - BIS - (1) (12057)		
20/9/24	X-ray Scn, Echo @1947		

CBG

DATE	NUMBERS	DATE	NUMBERS
14/9/24	1+1 (2207)	20/9/24	1+1 (2207)
15/9/24	1+1+1 (2207)	21/9/24	1+1+1 (2207)
16/9/24	1+1+ (2207)	20/9/24	1 (2288)
16/9/24	1 (11966)		
17/9/24	1 (12011)		
18/9/24	3 (12057)		
19/9/24	1+1+1 (2207)		
20/9/24	1+1		

ABG

DATE	NUMBERS	DATE	NUMBERS
16/09/24	2 (11965) OT	16/09/24	2 (11965) OT
16/09/24	2 (11966)	16/09/24	1 (11966)
17/9/24	1 (11981)		

ACT

DATE	NUMBERS

PHYSIOTHERAPY

Date	
16/9/24	20:30
17/9/24	6:00 / 11:00 / 15:55 / 21:00
18/9/24	6:00 / 09:00 / 17:00
19/9/24	11:15 / 17:55
20/9/24	11:00 / 19:15
21/9/24	10:50

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
16/9/24	1+		
17/9/24	1+1+1+1		
18/9/24	1+1+1+1		
19/9/24	1+1+1+1		
20/9/24	1+1+1+1		
21/9/24	1+1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RAJESH	14/9/24	15/9/24	16/9/24	17/9/24	18/9/24.	19/9/24	20/9/24
DR. praveen							
DR. Sylvester (Anes)	15/9/24						
Dr. Rajesh	21/9/24						
Mrs. Catherine (Dietitian)	14/9/24	16/9/24	18/9/24	19/9/24	21/9/24		
Ms. Sevathat (Psychologist)	18/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : 6816/- 21/9/24	CM CABG - 97500/-
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION PF BLOOD : 10 PCV Reservation done. 15/9/24

STERILE TRAY USED : SR TRAY ① no used in RWO on 17/9/24
SR Tray ② used

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI

Sister In-charge

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	14/09/2024 11:36AM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333393587875
		Payer/TPA ID Card No.	013301001000752000134O
Authorization No.	13H_2257564544033-1	**Name of the Patient**	SUBRAMANIAN.N
		Age: 56 Years	**Sex:** Male
Date of Admission	14/09/2024 9:0 AM		
Provisional Diagnosis	CHEST PPAIN		
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.