RJ DR. Arumugam Apollo hospital

n - 155
W - 58.90

CM SCHEME Discharge on 22/9/24 AVR. MHI/DP/2022/104

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

BILLING CARD

NABH
Medway Heart Institute
Where heart beat never stops...

Mrs.SUNDARAVADIVU.M (CM SC
46/Female/MHI202485602
16/09/2024/IPI12024002175
Dr.RAJESH.V

Patient Name ______ D.O.A. 16/9/24 Time 12.30PM

IP No. ______

Room No. ______ Rent Per Day G/W

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
16/9/24	14.00	ADMISSION	IInd floor GW-I	[illegible]
17/9/24	[illegible].30	IInd floor GW-I	CT-OT	[illegible]
17/9/24	16:35	CTOT	SICU	[illegible]
19/9/24	11:20	SICU	208	[illegible]

OPERATION THEATRE

Date : 17/9/24		OT No. :	OT-I
Surgeon :	Dr Rajesh	Start Time :	11.45
I Asst. Surgeon :	–	End Time :	16:35
II Asst. Surgeon :	–	Dis. Pack :	–
III Asst. Surgeon :	–	Diathermy :	Used
Anaesthetist :	Dr. Silvester	C-Arm :	–
OT Nurse :	Radhika / Christy	Arthroscopy :	–
Name of Surgery :	AVR (open heart)	Laproscopy :	–
1 Gn. man man saw drill used		Sevoflurane / Isoflurane :	2 HRS
CTOT 1000 to be charged		Inj. Fentanyl : 2ml 10ml/inj. monphi:	
		Others :	21mm Aortic millenia

MONITOR

Date	Start	Date	Disconnect
17/09/24	16:40	19/9/24	11:20

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
17/9/24	16:40	18/9/24	6:00

SYRINGE PUMP

Date	Start	Date	Disconnect
17/09/24	16:40	18/9/24	7:00
17/09/24	16:40	18/9/24	12.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP / VENTILATOR

Date	Start	Date	Disconnect
17/9/24	16:40	17/9/24	22:30

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
16/9/24	CBC, RFT, Blood group Rh typing, PT-INR 19.6
19/9/24	HB, UREA, CREATININE, PT INR (12.0.24)
19/9/24	~~CHEST AP Bedside~~, HB, UREA, CREATININE, Na^+, K^+ (12.16)
20/9/24	PT - INR [2.95]
22/9/24	HB, Urea, Cl^-, Na^+, K^+, PT-INR (23.02).

(6)

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

17/9/24	CXR AP BLS (12028)	17/9/24	WARMER STARTED AT 16:40
18/9/24	CXR AP BLS (12055)		TO 18:40 (2HRS)
18/9/24	CXR AP BLS (12079)		
18/9/24	CXR AP BLS (12097)		
19/9/24	CXR AP BLS (12116)		
20/9/24	CXR. ECG. ECHO (12234)		

CBG (3)

DATE	NUMBERS	DATE	NUMBERS
16/9/24	1 (2214)		
17/9/24	1		
19/9/24	1 (12134)		

ABG (9)

DATE	NUMBERS	DATE	NUMBERS
17/9/24	5 (12030)	17/9/24	4 (12030)
17/9/24	1 (12028)	17/9/24	1 (12028)
18/9/24	3 (12055)		

ACT (5)

DATE	NUMBERS	DATE	NUMBERS
17/9/24	4 (12030)		
17/9/24	1 (12028)		

Date	PHYSIOTHERAPY
17/9/24	19:00 / 20:30
18/9/24	6:00 / 12:00 / 16:30 / 21:00
19/9/24	6:00 / 9:30 / 18:00
20/9/24	10:45 / 16:00
21/9/24	11:10 / 17:00
22/9/24	11:30

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
17/9/24	1+1 ·		
18/9/24	1+1+1		
19/9/24	1+1+1+1		
20/9/24	1+1+1+1		
21/9/24	1+1+1+1		
22/9/24	1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rajesh	16/9/24	17/9/24	18/9/24	19/9/24	20/9/24	21/9/24	22/9/24
DR. PRAVEEN	16/9/24						
Mrs. Catherine (Dietitian)	16/9/24	17/9/24	18/9/24	20/9/24	22/9/24		
Ms. Serathat (Psychologist)	20/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 116503 / Sarath 21/9/24 RETURNS CHECKED :	EMWOO25: 136500 28.09.24

OTP-55336.

CROSS MATCHING :

RESERVATION PF BLOOD : 2 ① PCU RESERVATION DONE 18/9/24

STERILE TRAY USED : SR TRAY ① was used in 18/9/24
CANNULATION TRAY ① used a/s IW on 18/9/24

TRANFUSION (BLOOD) PRBC 1①
(Added on pump)

ATTENDER'S HOLDING :
SR Tray ① used,

OTHER PROCDURES : ADD TEE PROBE IN OT CHARGES
Lt ICD INSERTION DONE BY DR. RAJESH

Admission Officer : AARTHI	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: **18/09/2024**
Bill No & Page No: **AUC/WS600 1/1**
Terms: **WHOLE SALES**
Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ
DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	MILTONIA AORTIC 21MM	1	30049099	A21MLTA85078	07/27	1	0	5 %	2100.40	42008.00	44108.40	42008.00

ITEMS : 1 QTY : 1 BASE : 42008.00 SGST : 1050.20 CGST : 1050.20 GST : 2100.40 Goods Value: 42008.00

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	42008.00	1050.20	1050.20	44108.40		CR	
						CD 0.00	0.00
					Rounded Net Amount		**44108.00**
					AXIS A/C : 922030011606851 IFSC : UTIB0001165		

Amount In Words : Forty Four Thousand One Hundred Eight Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-SUNDARAVADIVU-IP-2024002175-DR.RAJESH
Customer Outstanding: **123035843.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	16/09/2024 2:36PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333603920626
		Payer/TPA ID Card No.	0133211361182710000300
Authorization No.	13H_2257564576183-1	**Name of the Patient**	SUNDARAVADIVU.M
		Age: 46 Years	**Sex:** Female
Date of Admission	16/09/2024 1:0 AM		
Provisional Diagnosis	Associated with Palpitation sweating		
Authorization			
Authorised Limit	136500.00		
Authorised Limit (In Words)	One Hundred Thirty Six Thousand, Five 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.