

Ref WA 1212

INSURANCE

CABG

Discharge on 28/9/24

MHI/DP/2022/104



Mrs.CHITHRA MATHIAZHAGAI
49/Female/MHI202485626
19/09/2024/1P112024002209
Dr.RAJESILV

BILLING CARD

NAME ALERT
'Two Patients With Same Name'



Patient Name _____
IP No. _____
Room No. _____

D.O.A. 19/9/24 Time 12:50pm
ward-5
C905/P2

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
19/9/24	12:05	ADMISSION	1st floor 105	[Signature]
21/9/24	8:00	1st F-105A	CT OT	[Signature]
21/9/24	15:10	CT OT	SICU	[Signature]
23/9/24	11:25	SICU	104-A	[Signature]

OPERATION THEATRE

Date	: 21/9/24	OT No.	: 07-I
Surgeon	: Dr. RAJESH. DR. KAVARAJA	Start Time	: 8:30
I Asst. Surgeon	: DEVIKACA JAIN	End Time	: 15:10
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: Used
Anaesthetist	: DR. SYLVESTER	C-Arm	: -
OT Nurse	: S. NATCHAYA DEPTA	Arthroscopy	: -
Name of Surgery	: Op CAB Closed heart	Laproscopy	: -
MANMAN SAW DRILLUSED		Sevoflurane / Isoflurane	: 3hrs
ETO THIN 45000 to be charged		Inj. Fentanyl	: 2ml 10ml/inj. morphine
		Others	: -

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
21/9/24	15:15	23/9/24	11:20				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
21/9/24	15:15	22/9/24	7:30	21/9/24	15:15	21/9/24	21:00
				21/9/24	15:15	21/9/24	22:30

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				21/9/24	15:15	21/9/24	18:50

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 :

[illegible]

①①⑤

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

21/9/24 Chest X-ray BS (12318)
 22/9/24 CXR A/P BS (12346)
 22/9/24 CXR A/P BS (12366)
 23/9/24 CXR A/P BS (12385)
 25/9/24 ECG, Echo, Chest X-ray

CBG

ABG

ACT

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
19/9/24	1+1 (12318)	21/9/24	1+1 (12318)	21/9/24 (OT)	2 (12318)	21/9/24 (OT)	3 (12318)
20/9/24	1+1 (12318)	21/9/24	1+1 (12318)	21/9/24	3 (12318)	21/9/24	1 (12318)
21/9/24	1+1 (12318)			22/9/24	1 (12346)		
21/9/24 OT	02 (12318)						
22/9/24	2 (12346)						
22/9/24	3 (12385)						
23/9/24	2 (12385)						
23/9/24	1+1 (12318)						
24/9/24	1+1+1 (12318)						

Date

PHYSIOTHERAPY

21/9/24 18:50/23:00
 22/9/24 6:00/9:25/15:00
 23/9/24 9:30/16:45
 24/9/24 11:55/17:15
 25/9/24 10:00/17:50

NEBULIZER

OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
21/9/24	1+1+1						
22/9/24	1+1+1+1						
23/9/24	1+1+1+1						
24/9/24	1+1+1+1						
25/9/24	1+1+1+1						
26/9/24	1+1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jais Rajesh	20/9/24	21/9/24	22/9/24	23/9/24	24/9/24	25/9/24	26/9/24
DR. praveen	20/9/24						
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Sanctioned Amount

Rs. 200,000

Advance EMI Amount

(-) Rs. 0

Disbursal Amount

Rs. 200,000

Part 1 Amount

Rs. 100,000

Subvention Amount

(-) Rs. 6,000

Subvention GST

(-) Rs. 1,080

Transferred Amount

Rs. 92,920

Remaining Amount

Rs. 100,000

Part 2 Requested

Rs. 0

Transferred Amount

Rs. 100,000

Total Transfer Amount

Rs. 200,000