RI
DR. Sundar
h-165cm
w-68-8kg

CM SCHEME

Discharge on 15/9/24

CABG

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mrs.VASANTHA RAVI R (CM SCH
57/Female/MHI202485653
10/09/2024/IPI12024002119
Dr.RAJESH.V

Patient Name _____

IP No. _____

Room No. ____

D.O.A. 10/9/24 Time 12:26 PM.

Card close

TRANSFER DETAILS

Rent Per Day 2000

Date	Time	From	To	Nurse's Signature
10/9/24	12.40	ADMISSION	204 (A) IInd Floor	
11/9/24	1240	IIst Floor	OT	
11/9/24	16.35	CTOT-II	SICU	
12/9/24	11:35	SICU	SDICU	
13/9/24	10:10	SDICU	204 (A)	

OPERATION THEATRE

Date	: 11/9/2024.	OT No.	: CTOT-II
Surgeon	: DR. RAJESH	Start Time	: 13.00
I Asst. Surgeon	: DR. PRAVEEN.	End Time	: 16.35
II Asst. Surgeon	: PA: DEVIKALA	Dis. Pack	: —
III Asst. ~~Surgeon~~	: —	Diathermy	: USED
Anaesthetist	: DR. PRAVEEN, DR PURUSHOTHAM	C-Arm	: —
OT Nurse	: RADHIKA, SASIKUMAR	Arthroscopy	: —
Name of Surgery	: MIDCAB [CLOSED	Laproscopy	: —
HEART] VMA, ETO THINGS RS 1000 /-		~~Sevoflurane~~ / Isoflurane	: — 2 HRS
TO BE CHARGE.		Inj. Fentanyl	: 2ml 10ml/inj. monphi: —
		Others	: —

MONITOR

Date	Start	Date	Disconnect
11/9/24	16:40	13/9/24	10:10

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
11/9/24	16:40	12/9/24	08:30

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
12/9/24	HB, UREA, CREATININE. (11692)
13/9/24	HB. UREA, CREATININE, NA+, K+. (11758)
14/9/24	HB, UREA, CREAT, NA+, K+ (1825)

(5)

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

11/9/24	CXR A/P (BLS) - (1) (11677)	11/9/24	WARMER STARTED AT 16:40
12/9/24	CXR AIP (BLS) (1) 11692)		ENDED AT 15:10
12/9/24	CXR A/P BLS-(1) (11724)		
13/9/24	CXR AIP BLS-(1) (11758)		
14/9/24	CXR PA, ECG, ECHO (1826		

(2) (4) (3)

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
10/9/24	1+ (11677)			11/09/24	2 (11677) OT	11/09/24	2 (11677) OT
13/9/24	1 (11758)			11/9/24	1 (11677)	11/9/24	1 (11677)
				12/9/24.	1 (11692) (11758)		

Date	PHYSIOTHERAPY
11/9/24	18:15
12/9/2	9.30 / 17:00
13/09/24	8:00 / 16.00
14/9/24	10.30 / 17.00
15/9/24	10.45. /

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
11/9/24	1+1						
12/9/24	1+1						
13/9/24	1+1+1+1						
14/9/24	1+1+1+1						
15/9/24	1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RATISH	10/9/24	11/9/24	12/9/24	13/9/24	14/9/24	15/9/24	—
DR. SYLVESTER (ANAES)	10/9/24						
MRS. Catherine (Dietitian)	10/9/24	11/9/24	12/9/24	13/9/24	15/9/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 60275/- 14/9/24 RETURNS CHECKED :	97500 Entrance deard so 16/9/24

CROSS MATCHING :

RESERVATION PF BLOOD : 1 (1) PCV Reservation done. 10/9/24

STERILE TRAY USED : SR TRAY (1) no used in SUO on 12/9/24

TRANFUSION (BLOOD) SR TRAY (1) used

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTI

Sister In-charge

Tel. No.:
Fax No.:
Email :

PAYER RESPONSE LETTER

Date	13/09/2024 7:41PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333503392780
		Payer/TPA ID Card No.	013301001000471001634 5
Authorization No.	13H_2257564454271-3	**Name of the Patient**	VASANDHA.R
		Age: 57 Years	**Sex:** Female
Date of Admission	10/09/2024 1:0 AM		
Provisional Diagnosis	chest pain		
Authorization			
Authorised Limit	0.00		
Authorised Limit (In Words)	Zero Only		
Previous Authorised Limit			
Remarks	KINDLY NOTE RECENTLY APPROVED FOR SAME PACKAGE , HENCE DENIED		

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.