

ESI

CAG
MHI/DP/2022/104

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthcare Pvt. Ltd.)

BILLING CARD

SAFETY FIRST



Patient Name

Mr. MANI KUPPUSAMI (ESI)

IP No.

49/Male/MHI202485664

Room No.

06/09/2024/1P112624002085

Dr. G. GNANAVELU



D.O.A. 6/9/24 Time 10:56 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
6/9/24	10:35	FRONT OFFICE	RL	24/24H
6/9/24	12:35	RL	CAM	24/24H

OPERATION THEATRE

Date	: 6/9/24	OT No.	: CATH LAB 9
Surgeon	: Dr. Gnanavelu	Start Time	: 12:50
I Asst. Surgeon	:	End Time	: 13:20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN. Priya	Arthroscopy	:
Name of Surgery	: CAG	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		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]

UTI ID: 6265660

2834

KCN

(Form P-1)

Employees State Insurance Corporation
KK Nagar Chennai, TN (ESIC Model Hosp.)
Referral Letter



DO NOT MUTILATE THE QR CODE

Referral No : Tam/2024045621
 Insurance No/Staff/ Pensioner Card : 5128627804
 Name of the Patient : Mr. MANI KUPPUSAMI
 Age/Gender : 49 Years / Male
 UAN of IP : 12020_09_09\HKKN.0000186636_QR
 UHID : HKKN.0000186636
 Address/Contact No :
 Identification marks (if any) :
 IP/Beneficiary/Staff : IP
 Relationship with IP/Staff : Self
 Entitled for Specialty Rx : YES
 Entitled Super Specialty Rx : YES
 Diagnosis : ICD - Acute ischaemic heart disease, unspecified - I24.9
 CGHS (Name and Code)* : 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures /
 Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto -
 13-Sep-2024



Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure :

lack of facility

Name of the empanelled hospital whereto refer

Hospital

Department

MEDWAY HOSPITALS

Cardiology

डॉ नलिनी कुमार
Dr. Nalini Kumaravelu, M.D.

प्राध्यापक एवं विभाग प्रमुख / Professor & HOD

सामान्य चिकित्सा / General Medicine

क. ग. यो. नि. चिकित्सा महाविद्यालय एवं अस्पताल

E S I C Medical College and Hospital

के. के. नगर, चेन्नई - 78 / K K, Nagar, Chennai-78

Date & Time of Referral : 03-Sep-2024 06:25:42 PM

Name and Designation of the Referring Doctor
 Dr. Nalini Kumaravelu, M.D.

प्राध्यापक एवं विभाग प्रमुख / Professor & HOD

सामान्य चिकित्सा / General Medicine

Hospital for treatment of self or

क. ग. यो. नि. चिकित्सा महाविद्यालय एवं अस्पताल

E S I C Medical College and Hospital

के. के. नगर, चेन्नई - 78 / K K, Nagar, Chennai-78

Signature/Thumb impression of IP/Beneficiary/Staff

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

Date and Time : 03/9/24

Referred to : MEDWAY Department of : Hospital/Diagnostic
 Centre for : (Reason/purpose for referral)

(VERIFIED & RECOMMENDED BY)

(Signature, Name & Designation)

Date & Time

Dr. Nalini Kumaravelu (S. D. Kumaravelu)

03/9/24

(AUTHORISED SIGNATORY WITH STAMP)

(Signature, Name & Designation)

Date & Time

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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03-09-2024

Mob: 900 30 43 619.