R1 DI

ESI Discharge on 14/9/24 PTCA

MPI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mr.MANI KUPPUSAMI (ESI)
49/Male/MHI202485664
13/09/2024/IPH2024002151
Dr.G. GNANAVELU

Patient Name: ______ D.O.A. 13/9/24 Time 12.09PM.

IP No. ______

Room No. ______ Rent Per Day ______

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
13/9/24	12:15	Front office	CCU	0345
13/9/24	15:00	CCU	Cathlab	0319
13/9/24	17:45	Cath Lab	CCU	0176
14/9/24	11:00	CCU	104-A	[illegible]

OPERATION THEATRE

Date	: 13/9/24	OT No.	: Cath Lab I
Surgeon	: Dr. Gnanavelu	Start Time	: 15:15
I Asst. Surgeon	:	End Time	: 17:20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Panchavarnam	Arthroscopy	:
Name of Surgery	: PTCA + IVUS	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
13/9/24.	12:15	14/9/24	11:00				

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED				SCD PUMP		VENTILATOR	
Date	Start	Date	Disconnect	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
14/9/24	Urea, Creatinine (1831)

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

13/9/24	ECG - I (1807)		
14/9/24	ECG - II (1831)		

CBG

DATE	NUMBERS	DATE	NUMBERS
13/9/24	I (1807)		
14/9/24	I (1831)		
14/9/24	I (1832)		

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

NUMBE

PHYSIOTHERAPY

Date	

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Gnanavelu	13/9/24	14/9/24	15/9/24				
MS. Catherine (Dietitian)	13/9/24	14/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 19854/- 14/9/24 RETURNS CHECKED :	545 - 75353 Assistant 584 - 22500 T - 1,88,031 16/9

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

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	Bill No & Page No
14/09/2024	AUC/WS588 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		STENT-2.75X24 ETA2750-24	1	90219090	27524IE2325002	09/25	1	0	5 %	1913.24	38264.76	40178.00	38264.76
2		OPTICROSS CATHETER 3.0FX135	1	90183220	33751512	01/25	1	0	12 %	5357.14	44642.85	50000.00	44642.85

ITEMS : 2 QTY : 2 BASE : 82907.61 SGST : 3635.19 CGST : 3635.19 GST : 7270.38 Goods Value: 82907.61

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	38264.76	956.62	956.62	40178.00		CR	
12 %	44642.85	2678.57	2678.57	49999.99		CD	0.00
					Rounded Net Amount		90178.00

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Ninety Thousand One Hundred Seventy Eight Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : PT-MANI KUPPUSAMI,MHI202485664,DR.GNANAVELU G

Customer Outstanding: **122728528.00**

User Name
MASHOK

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY

(Form P-1)

Employees State Insurance Corporation

2904/KKN

KK Nagar Chennai, TN (ESIC Model Hosp.)

UTI ID 627427O

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024046496	**Insurance No/Staff/ Pensioner Card**	: 5128627804
Name of the Patient	: Mr. MANI KUPPUSAMI	**Age/Gender** : 49 Years /Male	**UHID** : HKKN.0000186636
UAN of IP	: \2020_09_09\HKKN.0000186636_QRC		
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 - Atherosclerotic heart disease - I25.1 Remarks :		
CGHS (Name and Code)*	: 545 - Balloon coronary angioplasty/PTCA without VCD - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 19-Sep-2024 584 - IVUS - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 19-Sep-2024		

Remarks Additional Clinical Information/Procedure/Investigation : IVUS GUIDED PCI TO RCA AND LCX (2 STENT)

Reasons / Purpose for Referral Investigations/Rx/Procedure : LACK OF FACILITY

Name of the empaneled hospital whereto refer — **Hospital** MEDWAY HOSPITALS, **Department** Cardiology

Date & Time of Referral : 09-Sep-2024 11:04:46 AM

Name and Designation of the Referring Doctor
Dr. Nalini Kumara Velu - PROFESSOR

Or,Agreeing to / contradicting the above, I voluntarily choose MEDWAY Hospital for treatment of self or for my ____ (relationship).

Date and Time: 9/9/24

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to _____ Department of _____ Hospital/Diagnostic

Centre for _____ (Reason/Purpose for referral).

VERIFIED / ENTITLED FOR SUPER SPECIALITY

(VERIFIED & RECOMMENDED Name
(Signature, Name &Designation)
Date & Time:

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time: 9/9/24

entitlement eligibility of the patient should also be verified through IP Portal at www.esic.in. Referral shall be rned by the rules and administrative instructions issued from time to time.Referred Hospital is instructed to perform those procedure/treatment for which the patient has been referred to. In case any additional procedure / ent /investigation is essentially required to be carried out, permission for the same is mandatorily required from pproving authority of the referring hospital. The validity of this referral is upto 7 days from the date of issuance or r the contract whichever is later and is subject to fulfilment of other terms and conditions as defined in the t/agreement.

By : nalikuma, 900304361 9

09-09-2024