RJ
ESI

ESI

CAG

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mr.RAMACHANDRAN B (ESI)
56/Male/MHI202485750
13/09/2024/IP112024002145
Dr.G. GNANAVELU

IP No.

Room No.

D.O.A. 13/9/24 Time 10.30 AM

TRANSFER DETAILS Rent Per Day RL.

Date	Time	From	To	Nurse's Signature
13/9/24	10:30	FRONT OFFICE	RL	0324
13/9/24	11.15	RL	CATHLAB	0341
13/9/24	11.50	Cath Lab	RL	0176

OPERATION THEATRE

Date : 13/9/24
Surgeon : Dr. Gnanavelu
I Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist :
OT Nurse : R/N. Priya
Name of Surgery : CAG

OT No. : Cath Lab II
Start Time : 11.20
End Time : 11.40
Dis. Pack :
Diathermy :
C-Arm :
Arthroscopy :
Laproscopy :
Sevoflurane / Isoflurane :
Inj. Fentanyl : 2ml 10ml/inj. monphi:
Others :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 5715.00 ~~8215~~ RETURNS CHECKED : 13/09/24	T - 11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI

Sister In-charge

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

UTI ID 24.1943

Referral Letter

2924
KCN

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024046736	Insurance No/Staff/ Pensioner Card	: 5123863568
Name of the Patient	: Mr. Ramachandran B	Age/Gender	: 56 Years /Male
UAN of IP	:	UHID	: ADYP 000001209
Address/Contact No	: 0 Chennai Tamilnadu INDIA		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Spouse		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Atherosclerotic heart disease - I25.1 Remarks :		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 20-Sep-2024		

डॉ.के.वी.बालिगा
Dr. K.V. BALIGA
प्राध्यापक एवं विभ
सामान्य दवा
E.S.I.C. Medical College &
K.K.Nagar, Chenn

Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure : lack of facility

Name of the empanelled hospital whereto refer

Hospital MEDWAY HOSPITALS
Department Cardiology

डॉ.के.वी.बालिगा, एम.डी. (मेड.) डी.एम. (नेफ्रो)
Dr. K.V. BALIGA, M.D.,(MED),D.M.,(Nephro)
प्राध्यापक एवं विभाग प्रमुख / Professor & HOD
सामान्य दवा / General Medicine
ई.एस.आई.सी. मेडिकल महाविद्यालय एवं अस्पताल
E.S.I.C. Medical College & Hospital
K.K. Nagar, Chennai-78.

Date & Time of Referral : 10-Sep-2024 09:57:56 AM

Name and Designation of the Referring Doctor
Dr. Krishna VEnkatesh Baliga - PROFESSOR

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

Date and Time: 10/9/24

B. RamaChandran

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to _____ Department of _____ Hospital/Diagnostic

Centre for _____ (Reason/purpose for referral).

VERIFIED / ENTITLED FOR SST
(VERIFIED & RECOMMENDED BY)
(Signature, Name &Designation)
Date & Time:
Signature & Name

10/9/24
(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time:
K.K. Nagar, Chennai-78

1. _____
2. _____
3. _____

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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10-09-2024

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