ESI

(AG

MHI/DP/2022/104

BILLING CARD

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

Medway Heart Institute
Where heart beat never stops...

Mrs.SIVAGAMI (ESI)
76/Female/MHI202485782
13/09/2024/IP1I2024002148
Dr.G. GNANAVELU

Patient Name _____

IP No. _____

Room No. ____

D.O.A. 13/9/24 Time 11.04AM

TRANSFER DETAILS

Rent Per Day RL.

Date	Time	From	To	Nurse's Signature
13/9/24	11:6	Front office	RL	0345
13/9/24	12:25	RL	Cathlab	
13/9/24	13:25	CATHLAB	RL	0004

OPERATION THEATRE

Date	: 13/09/24	OT No.	: CATHLAB-II
Surgeon	: Dr. Gnanavelu	Start Time	: 12:45
I Asst. Surgeon	:	End Time	: 13:15
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. priya CAG	Arthroscopy	:
Name of Surgery	:	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 : 5509/- Rita 13/9/24 RETURNS CHECKED :	T-11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI	Sister In-charge

2960 KKN

2979 KKN

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

UHID 6283586

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024046941	**Insurance No/Staff/ Pensioner Card**	: 5121575342
Name of the Patient	: Ms. Sivagami.T .	**Age/Gender** : 66 Years /Female	**UHID** : TN01.0006122255
UAN of IP	:		
Address/Contact No	: No. 422, 6th Cross Street, Vinayaga Nagar, Anakaputhur, Chennai Tamilnadu		
Identification marks (if any)	: INDIA -		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Dependant mother		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Acute ischaemic heart disease, unspecified - I24.9 Remarks :		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 21-Sep-2024		

Remarks Additional Clinical Information/Procedure/Investigation ACS / CAD

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

डॉ नलिनी कुमारवेलु
Dr. Nalini Kumaravelu, M.D
प्राध्यापक एवं विभाग प्रमुख / Professor & HOD
सामान्य चिकित्सा / General Medicine
क.रा.बी.नि. चिकित्सा महाविद्यालय एवं अस्पताल
E.S.I.C. Medical College and Hospital
के.के. नगर, चेन्नई - 78 / K.K. Nagar, Chennai-78

Name of the empanelled hospital whereto refer **Hospital** MEDWAY HOSPITALS
Department Cardiology

11/9/24

Date & Time of Referral : 11-Sep-2024 09.27:59 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 mother (relationship).

Date and Time: 12/9

T. Janaki

Signature/Thumb Impression of IP/Beneficiar /Staff

डॉ नलिनी कुमारवेलु, एम.डी.
Dr. Nalini Kumaravelu, M.D
प्राध्यापक एवं विभाग प्रमुख / Professor & HOD
सामान्य चिकित्सा / General Medicine
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E.S.I.C. Medical College and Hospital
के.के. नगर, चेन्नई - 78 / K.K. Nagar, Chennai-78

Referred to ______ Department of ______ Hospital/Diagnostic

Centre for ______ (Reason/purpose for referral).

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

12/9/24

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

Pro Medical Superintendent
ESIC Medical College & Hospital
K.K. Nagar, Chennai-78

2. A. GITHAI

3. A. SIVAKUMAR

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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11-09-2024