Ref SK Hospital Meiyappan Marketing

Discharge on 20/9/24

MHI/DP/2022/104

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

BILLING CARD

Medway Heart Institute
Where heart beat never stops...

Mr.KARMEGHAM.K
64/Male/MHI202485799
13/09/2024/IPH2024002155
Dr.RAJESH.V

Patient Name ________

IP No. ________

Room No. ________

D.O.A. 13/09/24 Time 23:30

CCU - 3.5
Ward - 3.5
CCU GW

Rent Per Day ________

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
13/9/24	23:30	ADM	CCU	
14/9/24	9.15	CCU	OT	
14/9/24	13.35	CTOT	SICU	
17/9/24	10.40	SRW	204.	

OPERATION THEATRE

Date	: 14/9/24.	OT No.	: I
Surgeon	: DR. RAJESH.	Start Time	: 9.30
I Asst. Surgeon	: DR. PRAVEEN.	End Time	: 13.35
~~II Asst. Surgeon~~	: DEVIKALA	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: ✓ used.
Anaesthetist	: DR. SYLVESTER.	C-Arm	: -
OT Nurse	: S/N Sasi 31 Kathavya. 341	Arthroscopy	: -
Name of Surgery	: OPCAB (CLOSED HEART)	Laproscopy	: -
MANMAN SAW drill used		~~Sevoflurane~~ / Isoflurane	: 3 hours 5 mins
ETO - Rs 1000 to be charged.		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
13/9/24	23:30	13/9/24	23.40
14/9/24	13.40.	17/9/24.	10.40

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
~~14/9/24~~	~~8:00~~		
14/9/24	13.40	16/9/24	18.00

SYRINGE PUMP

Date	Start	Date	Disconnect
14/9/24	13.40	15/09/24	6:00
14/9/24	13.40	15/9/24	04:00
14/9/24	13.40	16/9/24	08:30
14/9/24	13.40	16/9/24	12.00
14/9/24	13.40.	16/9/24	17.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP / VENTILATOR

Date	Start	Date	Disconnect
14/9/24	13.40.	15/09/24	8:38.

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
13/9/24	SUGI PACK (1820), RBT, Thyroid profile I Free (1820)
14/9/24	BT (1835)
14/9/24	HB, PCV, PLATELET, MAGNESIUM (11864)
15/9/24	HB, TC, DC, PCV, PLT, URED, CREATININE, T-BILIRUBIN, TOTAL PROTEIN, T. ALBUMIN, MAGNESIUM, CPK, CKMB (11894)
16/9/24	Hb, Ur, Cr, Na^+, K^+ (11916)
18/9/24	CBC, urea, creatine, Na^+, K^+ [2076.]

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

13/9/24	ECG, chest X-ray (1820)		
14/9/24	ECG (1835)		
14/9/24	CXR (11864)		
15/9/24	CXR (11894)		
16/9/24	CXP-AP- BIS (11916 DDR.		
18/9/24	ECG, Echo, xray [2076.]		

CBG

DATE	NUMBERS	DATE	NUMBERS
13/9/24	1 (1820)	17/9/24	1 (2045)
14/9/24	1 (1835)		
14/9/24	2 (11887)		
15/9/24	4 (11894)		
16/9/24	4 (11969)		
17/9/24	2 (11990)		
18/9/24	1+1+1 (2207)		
19/9/24	1+1+1 (2209)		
20/9/24	1+1 (2207)		

ABG

DATE	NUMBERS
14/9/2024	3 (1874) (OT)
14/9/24	1 (11864)
14/9/24	1 (11887)
15/9/24	1 (11894)
15/9/24	3 (11906)
16/9/24	2 (11916)

ACT

DATE	NUMBERS
14/9/2024	3 (1874) (OT)
14/9/24	1 (11864)

PHYSIOTHERAPY (13)

Date	
15/9/24	8:40 / 15.00
16/9/24	9:00 / 16:00 / 20:00
17/9/24	6:00 / 10:00 / 16:40
18/9/24	11:00 / 18:00
19/9/24	10:30 / 18-15.
20/9/24	11:30

NEBULIZER (14)

DATE	NUMBERS	DATE	NUMBERS
14/9/24	1+1	20/9/24	1+1
15/9/24	1+1+1+1		
16/9/24	1+1+1+1		
17/9/24	1+1+1		
18/9/24	1+1+1+1		
19/9/24	1+1+1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Rajesh.	13/9/24	14/9/24	15/9/24	16/9/24	17/9/24	18/9/24	19/9/24
DR. RAJESH	20/9/24						
Dr. praveen	14/9/24						
Mrs. Catherine (Dietitian)	14/9/24	16/9/24	17/9/24	20/9/24			
Ms. Sevathal (Phy)	18/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 1,01,775 BILL CLEARED : 103750 / 4200 0178 RETURNS CHECKED : 20/9/24.	Ambulance. 2500 T – 3,00,000/–

CROSS MATCHING :

RESERVATION PF BLOOD : 2 OPRBC reservation done,

STERILE TRAY USED : 1 SR TRAY ① no used in Suo on 16/9/24. SR Tray ① used.

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : ADTEE PROBE USED

Admission Officer :	Sister In-charge

AUTHORIZATION LETTER - 2

Payment Valid for Admission Between **13/09/2024** and **20/09/2024**

Changed Toll Free Phone Number :18002335544 **Authorization Fax Number : 044-28297252**

THE MEDICAL DIRECTOR
Medway Hospital

New No:8, Old No.222, 4th Cross
Street,trustpuram,kodambakkam, Chennai.
Tamil Nadu Chennai

Phone No :

Fax No :

CCN	**MDI5108438** Date **20/09/2024**
	(Please quote this CCNo. in all future correspondence in this regard)
MDI ID Number	**MDI5-0006279387**
Policy Number	**010600\28\22\P100000022**
Corporate Name :	Karmegam K
Emp-Code	R2122417 KARMEGAM K

Dear Sir / Madam : With respect to the "Request for Authorization Letter(RAL)" for treatment of

Mr/Ms: **Karmegam K** Age 62 Sex Male at

Medway Hospital received on 20/09/2024

we are hereby issuing this "Authorization Letter" for cashless services in your esteemed institution, subject to the terms and conditions, exclusions and limitations of the health coverage plan of the patient.

1. Name of the Patient	:	Karmegam K **S.TAX Reg No :**
2. Diagnosis	:	CORONARY ARTERY DISEASE-CABG
3. Proposed Line of Treatment	:	Surgical
4. Treating Doctor	:	
5. Guarantee of Payment Upto Rs	:	17000 being the necessary treatment cost.
Amount in words (Rs)	:	Seventeen Thousand Only.
Total Authorised Amount (Rs)	:	AL1- Rs. 100000 + AL2- Rs. 17000 = Rs. 117000/-

Patient Photo

Hospital Alert :

1. incase of a change in primary diagnosis, kindly intimate MDIndia in writing immediately.
3. Charges for miscellaneous, related &allied services must be collected directly from the patient.
Examples: Registration/Admission Fees, Service Charges, Surcharge, Tel/Fax/Photocopy, Food & Beverages for relatives, Special Diets, External Implants, Supports & Accessories, Dental Treatment, Toiletries, Private Nurse Charges, Ambulance, Barber charges, etc.
MDIndia will not be liable for payments in case the information provided in the "Request for Authorization Letter" and subsequent documents during the course of authorization, is found incorrect/revised or not disclosed.

*****PS: Please quote your PAN no. immediately thru mail to empanelment@mdindia.com without fail and confirm with our team about updation of the same on Tel no. 020-25300036,in absence of which TDS @ 20% will be deducted from Cashless Payments.*

Important: Please send duly filled Claim Form Signed by the Patient, along with all the original bills / receipts, prescriptions, investigation reports and the discharge card with necessary attestation, within 7 days of discharge of the patient."

Please send pre & post operative X ray plates for claims of Fracture & joint replacements along with the claim documents

This is Computerized statement hence doesn't required signature

Undertaking by the Patient:

I hereby authorize the hospital/provider to submit the original discharge card and all original documents related to my treatment to MDIndia and authorize MDIndia to settle my claims directly with the Hospital.

Signature of Patient :

Disclaimer:The cashless access in MDIndia network of hospitals is merely a facility extended to the patient by the Insurance Company. MDIndia/Insurance Company doesn't guarantee the availability, quality & outcome of treatment, which is the sole responsibility of the provider. Choice of hospital/provider is the right of the patient.

W.E.F 1st Feb'2015 , claim payment will be made directly by United India Insurance Company Ltd. (UIIC) . If any hospital desires to have TDS exemption benefit , may please arrange for TDS exemption certificate in favor of UIIC (TAN CHEU00014A). Earlier TDS Exemption certificate in name of MDIndia TPA will not be applicable and in absence of fresh TDS certificate, UIIC will be deducting TDS at 10%. UIIC will provide TDS certificate for the same directly to hospital.