Ref: Dr. Anbuselvam

Discharge on 15/10/24 (MVR)

CM SCHEME

MHI/DP/2022/104

Medway Hospitals — The way to better health (A Unit of United Alliance Healthcare P...)

BILLING CARD
SAFETY FIRST

Medway Heart Institute — Where heart beat never stops...

Mr.BABU RAJ J (CM SCHEME)
55/Male/MHI202485838
08/10/2024/IP12024002381
Dr.RAJESH.V

Patient Name ______ D.O.A. 08/10/24 Time 11:57AM

IP No. ______

Room No. ______ Rent Per Day 105(A)

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
8/10/24	12.30	Admission	Ist Floor (105-A)	[illegible]
10/10/24	8-00	IInd floor	CTOT	[illegible]
10/10/24	14:00	CTOT	SICU	[illegible] 36
12/10/24	10:15	SICU	202-A	[illegible] 0336

OPERATION THEATRE

Date : 10/10/24	OT No. : OT-I
Surgeon : Dr. Rajesh	Start Time : 9.40
I Asst. Surgeon : Dr. Anand	End Time : 14.00
II Asst. Surgeon : —	Dis. Pack : —
III Asst. Surgeon : PA - Devika / Deviragan	Diathermy : Used
Anaesthetist : Dr. Praveen	C-Arm : —
OT Nurse : Christy / Radhika / Monisha	Arthroscopy : —
Name of Surgery : MV Repair (open heart)	Laproscopy : —
LVGA, manmansaw drill used ETORQ 1000 to be charged	~~Sevoflurane~~ / Isoflurane : 2HRS 30MINS
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	Others 1. 32mm SJM Seguin MV Ring

MONITOR

Date	Start	Date	Disconnect
10/10/24	14.00	12/10/24	10:15

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
10/10/24	14.00	12/10/24	6:30

SYRINGE PUMP

Date	Start	Date	Disconnect
10/10/24	14.00	12/10/24	4:00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP / VENTILATOR

Date	Start	Date	Disconnect
10/10/24	14.00	10/10/24	18:00

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
8/10/24	RFT (3218)
9/10/24	Hb (3236)
11/10/24	Hb, urea, creatinine (13349)
12/10/24	HB, UREA, CREATINTINE, Na^+, K^+ (13375)
14/10/24	HB, urea, Cr, Na^+, K^+ (3435)

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

10/10/24	CXR AP BS (13324)		
11/10/24	CXR (AP) B/S (13349)		
12/10/24	CXP (AP) B/S (13375)		
14/10/24	ECG, ECHO, X-ray (13436)		

CBG

DATE	NUMBERS	DATE	NUMBERS
8/10/24	1 (13253)		
10/10/24	1 (13447)		
11/10/24	1 (13349)		
11/10/24	2 (13366)		
12/10/24	(13375)		

ABG

DATE	NUMBERS	DATE	NUMBERS
10/10/24	5 (13327)		
10/10/24	2. (13324)		
10/10/24	3. (13347)		
11/10/24	1. (13349)		

ACT

DATE	NUMBERS
10/10/24	4 (13327)
10/10/24	1 (13324)

Date	PHYSIOTHERAPY
10/10/24	18:00 / 22:30
11/10/24	6:10 / 9:00 / 21:15
12/10/24	6:15 / 9:30 / 16:00
13/10/24	10.45 / 17:00
14/10/24	9:30 / 16:40
15/10/24	10:15

NEB. LEVOLIN NEBULIZER — NEB. FORACORT — NEB. MUCOMIX, OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
10/10/24	1+1+2	12/10/24	1+1	12/10/24	H/+/		
11/10/24	1+1+1+H	13/10/24	H1	13/10/24	1+1+1		
11/10/24	1+1+1+1	14/10/24	1+1	14/10/24	1+1+1		
12/10/24	1+H+1+1	15/10/24	1+1	15/10/24	H		
13/10/24	H1+/+1						
14/10/24	1+1+1+1						
15/10/24	1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rajesh	9/10/24	10/10/24	11/10/24	12/10/24	13/10/24	14/10/24	15/10/24
Dr. Praveen	8/10/24						
Mrs. Catherine (Dietitian)	8/10/24	11/10/24	13/10/24	14/10/24	15/10/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 116508 / 4eeee 0188 RETURNS CHECKED : 15/10/24	CMU0052 - Valve repair with tissue ring OTP-74940, 105000 16/10/24

CROSS MATCHING :

RESERVATION PF BLOOD : 2 © Reservation done (9/10/24)

STERILE TRAY USED : SR Tray © used

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : 4D TEE PROBE IN OT CHARGES (10/10/24)

Admission Officer : Janani	16/10 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
10/10/2024	**AUC/WS689 1/1**
Terms	Salesman Name
WHOLE SALES	4-PATIENT
GSTIN	DL NO : N.A
33AABCU3941Q1ZZ	

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	SARP-32 SEGUIN ANNULOPLSTY RING FOR MITRAL VALVE	1	90211000	20296891	05/28	1	0	5 %	1770.00	35400.00	37170.00	35400.00

ITEMS : 1 QTY : 1 BASE : 35400.00 SGST : 885.00 CGST : 885.00 GST : 1770.00 Goods Value: 35400.00

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	35400.00	885.00	885.00	37170.00		CR	
						CD 0.00	0.00
					Rounded Net Amount		**37170.00**
					AXIS A/C : 922030011606851 IFSC : UTIB0001165		

Amount In Words : Thirty Seven Thousand One Hundred Seventy Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-BABU RAJ-IP-2024002381-DR.RAJESH.V

Customer Outstanding: **128683877.00**

For AUCTUS LABS PRIVATE LIMITED

User Name
HARI

AUTHORIZED SIGNATORY

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	08/10/2024 7:08PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333153757528
		Payer/TPA ID Card No.	013302500300336000 8740
Authorization No.	13H_2257565049872-1	**Name of the Patient**	BABU RAJ.J
		Age: 55 Years	**Sex:** Male
Date of Admission	08/10/2024 1:0 AM		
Provisional Diagnosis	Breathlessness on excertion		
Authorization			
Authorised Limit	136500.00		
Authorised Limit (In Words)	One Hundred Thirty Six Thousand, Five Hundred Only		
Previous Authorised Limit			
Remarks	CLAIMS WILL BE SETTLED IN ACCORDANCE WITH THE TREATMENT GIVEN /SURGERY DONE....		

Instruction to Hospitals:

1. This Authorization letter is issued that the information given in the pre-authorization is correct. Any information hidden/wrongly given regarding pre-existing disease will make this authorization null and void.
2. This Authorization is binding on the insurance policy terms, limitations and conditions.
3. Disclaimer : The cashless access given to network hospital is merely a facility extended by Payer. Payer does not guarantee the availability, quality and out come of treatment.
   * Denial is in no way to be construed as denial of treatment, only cashless access is denied.
4. If amount exceeds authorization amount Payer approvals has been obtained for enhancement. Payer will be pleased to confirm on Insurance policy limits and conditions.

This is a Computer Generated Statement So No Signature is Required.

Note : Please quote our Authorization Number in all the correspondence and bills.