Rj
mr. aravind
lakshmi medical

CM SCHEME

CABG.

Discharge on 8/10/24

MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better h
(A Unit of United Alliance Healthcar

Mrs.BHAVANI.B (CM SCHEME)
55/Female/MHI202485872
28/09/2024/IP1I2024002285
Dr.RAJESH.V

Medway Heart Institute

Patient Name _____

D.O.A. 28/9/24 Time 11.16AM

IP No. _____

Room No. ___

TRANSFER DETAILS

Rent Per Day 207

Date	Time	From	To	Nurse's Signature
28/9/24	12.05	FD	207 - IInd Floor	
30/9/24	12:00	207 - IInd Floor	OT	
30/9/24	17.50	CTOT - I	SICU	
02/10/24	12.15	SICU	IInd Floor (G.W)	
5/10/24	16.00	GW - 2	SICU.	
6/10/24	18.45	SICU	203 - B	

OPERATION THEATRE

Date	: 30/9/24	OT No.	: II
Surgeon	: DR. RAJESH	Start Time	: 13.30
I Asst. Surgeon	: DR. ARAVIND	End Time	: 17-50
II Asst. Surgeon	:	Dis. Pack	: -
III Asst. Surgeon	:	Diathermy	: USED
Anaesthetist	: DR. SYLVESTER	C-Arm	: -
OT Nurse	: AKSHYA / DEVIKALA	Arthroscopy	: -
Name of Surgery	: OPCAB (CLOSED HEART)	Laproscopy	: -
NAN MAN SAW DRILLING USED & ETO THINGS Rs 1000/- TO BE CHARGED		Sevoflurane / Isoflurane	: 3HRS
		Inj. Fentanyl	: 2ml 10ml/inj. monphi: -
		Others	: -

MONITOR

Date	Start	Date	Disconnect
30.9.24	17.55	02/10/24	12:15
5/10/24	15.25	6/10/24	18.45

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
30-9-24	17.55	02/10/24	12.10
5/10/24	15.30.	6/10/24	18.45
6/10/24	9:00pm	7/10/24	9.30AM

SYRINGE PUMP

Date	Start	Date	Disconnect
30-9-24	17.55	2/10/24	10.00
2/10/24	14.00.	2/10/24	18.00
2/10/24	22.00.	3/10/24	3.30am
5/10/24	15.15	6/10/24	8.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
30-9-24	17.55	2/10/24	8.40

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
30/9/24	Sr. Ketone (2993)
1/10/24	Hb, Urea, creatinine (12874)
2/10/24	Hb, Urea, creatinine, Na+/K+ (12947)
4/10/24	Hb, Urea, Cr, Na+/K+ (3036)
5/10/24	Sr. Ketone (3107)

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

30/9/24	CAROTID DOPPLER & left Subclavian artery study (2938).	5/10/24	CHEST X-ray A/P B/S (1312
		7/10/24	Chest X-ray PA VIEW (3
30/9/24	CXR A/P B/S (12868)		
1/10/24	CXR A/P B/S (12874)		
1/10/24	ECG (12910)		
1/10/24	CXR AP B/S (12919)		
2/10/24	CXR-AP (B/S) (12947)		
3/10/24	CXR-PA (2994)		
4/10/24	ECG, ECHO (2836)		
5/10/24	Chest X-ray PA (3090)		

CBG

DATE	NUMBERS	DATE	NUMBERS
28/9/24	1+1 (2993)	2/10/24	1+ (2993)
29/9/24	1+1+1 (2993)	30/9/24	1. (2852)
30/9/24	1+1 (2993)	3/10/24	1+1+1
01/9/24	1+1 (2939)	4/10/24	1+1+1+1
1/10/24	1+1 (12947)	5/10/24	1+1+1
2/10/24	1 (2993)	6/10/24	1+1+1
2/10/24	1+1+1+1 (2993)	5/10/24	3 (13133)
2/10/24	1+1+1+2 (2993)	6/10/24	3 (13133)
8/10/24	2	6/10/24	1. (13136)

ABG

DATE	NUMBERS
30/09/24	2 (2852) OT
30/9/24	3 (12868)
1/10/24	2 (12874)
1/10/24	3 (12910)
2/10/24	1 (12947)
5/10/24	1 (13116)
6/10/24	1 (13133)
6/10/24	1
5/10/24	01 (13142)

ACT

DATE	NUMBERS
30/09/24	8 (2852) OT
30/09/24	CBG 1 (2852) OT
30/9/24	1 (2868)

6/10/24 1+1 (13141) 6/10/24 1+1 (13140)

PHYSIOTHERAPY

Date	
30/9/24	21:00
1/10/24	8:00 / 8:40 / 17:10 / 21:00
2/10/24	6:00 / 9:55 / 15:25
03/10/24	10:00 / 16:45
04/10/24	11:00 / 17.45
5/10/24	10.45 / [redacted]
6/10/24	6.00 / 9.45
7/10/24	10:00 / 17:00

CBG - 58
ABG - 15
ACT - 4

NEB-LEVOLIN NEBULIZER

DATE	NUMBERS
30/9/24	1+1
1/10/24	1+1+1+1
2/10/24	1+1+1+1
3/10/24	1+1+1+1
4/10/24	1+1+1+1
5/10/24	1+1+1+1
6/10/24	1+1+1+1

NEB-BUDECORT

DATE	NUMBERS
1/10/24	1+1
2/10/24	1+1
3/10/24	1+1
4/10/24	1+1+
5/10/24	1+1+
6/10/24	1+1

NEB-LEVOLIN-OTHERS

DATE	NUMBERS
7/10/24	1+1+1+1
8/10/24	1+1+1

NEB-BUDECORT

DATE	NUMBERS
7/10/24	1+1
8/10/24	1

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RAJESH.	28/9/24	29/9/24	30/9/24	1/10/24	2/10/24	3/10/24	4/10/24
DR. PURUSHOTHAM (ANGES)	28/9/24	—	—				
Dr. Rajesh	5/10/24	6/10/24	7/10/24	8/10/24	—		
Dr. Praveen (Anasthetist)	5/10/24						
Mrs. Catherine (Dietitian)	28/9/24	30/9/24	01/10/24	03/10/24	05/10/24	8/10/24	
Ms. Revathi (Phy)	03/10/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED : Dressing tray used on 05/10/24.
Cannulation Tray ① used on 5/10/24 in SICU.

TRANFUSION (BLOOD) : SR tray ① used

ATTENDER'S HOLDING :

OTHER PROCDURES : Left ICD insertion done by Dr. RAJESH on 5/10/24 in SICU
LEFT EJL & LEFT Arterial line inserted by Dr. Sylvester on 5/10/24 in SICU.

Admission Officer:

Sister In-charge

Medway
The way to
(A Unit of United Al

Mrs.BHAVANI.B (CM SCHEME)
55/Female/MHI202485872
28/09/2024/IP112024002285
Dr.RAJESH.V

BILLING CARD
SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Na _____ D.O.A. _____ Time _____

IP No. ___

Room No. _____ **TRANSFER DETAILS** Rent Per Day _____

Date	Time	From	To	Nurse's Signature

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	: 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

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**

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

CBG

DATE	NUMBERS	DATE	NUMBERS
7/10/24	~~4~~ 1+1		
~~7~~ 10/24	~~1+~~		
8/10/24	3+1		
	8		

ABG

DATE	NUMBERS	DATE	NUMBERS

ACT

DATE	NUMBERS

PHYSIOTHERAPY

Date	

NEBULIZER

NEB - ~~BUDECORT~~ Neb - Levolin

DATE	NUMBERS	DATE	NUMBERS
7/10/24	1 + 1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 90515 / 4000 Dis RETURNS CHECKED : 8/10/24.	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :	Sister In-charge

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	28/09/2024 2:43PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333085758029
		Payer/TPA ID Card No.	013301001190485000l065
Authorization No.	13H_2257564837721-1	**Name of the Patient**	BHAVANI.B
		Age: 55 Years	**Sex:** Female
Date of Admission	28/09/2024 10:0 AM		
Provisional Diagnosis	Chest Pain		
Authorization			
Authorised Limit	109200.00		
Authorised Limit (In Words)	One Hundred Nine Thousand, Two 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.