R1 DR. Gnanavelu Sir

CM SCHEME Discharge on 26/9/24

PU

MHI/DP/2022/104

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

BILLING CARD

NABH

Medway Heart Institute
Where heart beat never stops...

Mr.KAPPALA PENCHILAIAH KAI
51/Male/MHI202485920
23/09/2024/IP112024002246
Dr.G. GNANAVELU

Patient Name ______ D.O.A. 23/9/24 Time 3.54 Pm

IP No. ______

Room No. ______ Rent Per Day GW

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
23/9/24	18.00	ADMISSION	IInd floor GW II	[illegible]
24/9/24	14.20	IInd floor GW2	Cath lab	[illegible] 0907
24/9/24	17.30	Cath lab	CCU	[illegible] 0233
25/9/24	10:35	CCU	201 -A	[illegible] 0318

OPERATION THEATRE

Date	: 24/9/24	OT No.	: Cath lab I
Surgeon	: Dr. Gnanavelu	Start Time	: 15.30
I Asst. Surgeon	:	End Time	: 17.00
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N panchavarnam	Arthroscopy	:
Name of Surgery	: PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
24/9/24	17.30	25/9/24	10:35				

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED				SCD PUMP		VENTILATOR	
Date	Start	Date	Disconnect	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
25/9/24	Urea, Creat (2528)
25/9/24	Urine Routine (2565)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
24/9/24	ECG (12511)		
25/9/24	ECG (8528)		
25/9/24	ECG-O (12536)		

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
23/9/24	1+						
24/9/24	1+ (12511)						
25/9/24	2 (8528)						
25/9/24	1+ (12536)						
26/9/24	1+ (12511)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GNANAVELU	23/9/24	24/9/24	25/9/24	26/9/24			
Mrs. Catherine (Chathiran)	23/9/24	24/9/24	26/9/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 9955 / Sarath 26/9/24 RETURNS CHECKED :	CMU0002 - PICA - 58700 CMU000 3 - Add Stent - 18700 T - 77400 27/09/24

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : AARTHI	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
25/09/2024	**AUC/WS627 1/1**
Terms: **IS-INTERNAL SALES**	Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ	DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	PANTERA LEO 3 X 12	1	9018110	04244419	05/27	1	0	12 %	1132.80	9440.00	10573.00	9440.00
2	1 NA	ETERNIA BRIO 3.00X36 EB30036	1	9021909	N30036IE2437030	07/26	1	0	5 %	600.00	12000.00	12600.00	12000.00
3	1 NA	ETERNIA BRIO 2.75X32 EB27532	1	9021100	I27532IE2437030	07/26	1	0	5 %	600.00	12000.00	12600.00	12000.00

ITEMS : 3 QTY : 3 BASE : 33440.00 SGST : 1166.40 CGST : 1166.40 GST : 2332.80 Goods Value: 33440.00

Category	Gross	CGST	SGST	Amount	P(Disc)	DB		
5 %	24000.00	600.00	600.00	25200.00		CR		
12 %	9440.00	566.40	566.40	10572.80		CD	0.00	0.00
					Rounded Net Amount			**35773.00**
					AXIS A/C : 922030011606851 IFSC : UTIB0001165			

Amount In Words : Thirty Five Thousand Seven Hundred Seventy Three Rupees Only

Chq in Favour of AUCTUS LABS PVT LTD

Remarks : P.N-KAPPALA PENCHILAIAH KAL-IP-2024002221-DR.GNANAVELU

For AUCTUS LABS PRIVATE LIMITED

AUCTUS LABS CHENNAI 600 024

User Name
HARI 2:46:26 PM

AUTHORIZED SIGNATORY

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	23/09/2024 10:56PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333714252178
		Payer/TPA ID Card No.	013302013007546000249 9
Authorization No.	13H_2257564725355-2	**Name of the Patient**	KAPPALA PENCHILAIAH
		Age: 51 Years	**Sex:** Male
Date of Admission	23/09/2024 1:0 AM		
Provisional Diagnosis	chest pain		
Authorization			
Authorised Limit	77400.00		
Authorised Limit (In Words)	Seventy Seven Thousand, Four Hundred Only		
Previous Authorised Limit			
Remarks	CONDITIONAL APPROVAL: -Kindly adhere to TNHSP approved stents/Implants.Claims may be denied if other stents/implants are used. Kindly visit www.cmchistn.com-Administrators-circular & Guidelines- File no XXXX. KINDLY DRUG ELUTING STENTS OTHERWI USE SE CLAIMS WILL NOT BE PAID....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.

900 - 24.