RJ
ESI

ESI

DISCharge on 9/10/24

PCI

MHI/DP/2022/104

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

BILLING CARD
SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Mrs.SUSILA.S(ESI)
68/Female/MHI202485932
08/10/2024,IP112024002374
Dr.K.JAISHANKAR

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 8/10/24 Time 7.35 AM

TRANSFER DETAILS Rent Per Day G/W

Date	Time	From	To	Nurse's Signature
8/10/24	8.00	ADMISSION	IInd floor GW-3	
8/10/24	10.00	IInd floor GW-3	Cath lab	
8/10/24	12.25	CATH LAB	CCU	
9/10/24	10:00	CCU	IInd floor GW-3	

OPERATION THEATRE

Date	: 8/10/2024	OT No.	: Cath lab-I
Surgeon	: DR. JAISHANKAR	Start Time	: 10:15
I Asst. Surgeon	:	End Time	: 11:10
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Sandhiya	Arthroscopy	:
Name of Surgery	: PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
8/10/24	12.20	9/10/24	9:50

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
9/10/24	CBC, RFT (13243)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
8/10/24	1 ECG (132H3)		
9/10/24	1 ECG (132H3)		

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
8/10/24	1 (325)						
8/10/24	1 (132H3)						
9/10/24	1 (132H3)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jaishankar	8/10/24	9/10/24					
Mrs. Catherine (Dietitian)	8/10/24	9/10/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 12620 / [illegible] RETURNS CHECKED : 9/10/24.	545 - 75353 + Implant T - 1,15,531

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : [signature]	[signature] 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
08/10/2024	AUC/WS675 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	STENT-2.75X16 ETA2750-16	1	3004909	27516IE2340004	12/25	1	0	5 %	1913.25	38265.06	40178.00	38265.06

ITEMS : 1 QTY : 1 BASE : 38265.06 SGST : 956.63 CGST : 956.63 GST : 1913.25 Goods Value: 38265.06

Category	Gross	CGST	SGST	Amount	P(Disc)	DB		
5 %	38265.06	956.63	956.63	40178.31		CR		
						CD	0.00	0.00
					Rounded Net Amount			40178.00
					AXIS A/C : 922030011606851 IFSC : UTIB0001165			

Amount In Words : Forty Thousand One Hundred Seventy Eight Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-SUSILA-IP-2024002374-DR.JAISHANKAR

For AUCTUS LABS PRIVATE LIMITED

User Name
HARI 5:11:56 PM

AUTHORIZED SIGNATORY

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CC

Referral No	: Tamil2024050610	**Insurance No/Staff/ Pensioner Card**	: 5127913948
Name of the Patient	: Ms. Susila S	**Age/Gender** : 68 Years /Female	**UHID** : HKKN.0000192382
UAN of IP	: \2020_05_12\HKKN.0000192382_QR(		
Address/Contact No	:		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Dependant mother		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Atherosclerotic heart disease - I25.1 Remarks : Single vessel disease of RCA		
CGHS (Name and Code)*	: 545 - Balloon coronary angioplasty/PTCA without VCD - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 10-Oct-2024		

Remarks Additional Clinical Information/Procedure/Investigation PCI TO RCA

Reasons / Purpose for Referral Investigations/Rx/Procedure : LACK OF FACILITY

Dr. S KATHIRAVAN, M.B.B.S, M.D (Reg. No.90253) Asst Professor Dept of General Medicine ESIC Medical College & Hospital KK Nagar, Chennai 78

Name of the empanelled hospital whereto refer

Hospital MEDWAY HOSPITALS

Department Cardiology

Date & Time of Referral : 30-Sep-2024 02:13:43 PM

Name and Designation of the Referring Doctor

Dr. Nalini Kumara Velu - PROFESSOR

Dr. S KATHIRAVAN, M.B.B.S, M.D (Reg. No.90253) Asst Professor Dept of General Medicine ESIC Medical College & Hospital KK Nagar, Chennai 78.

Or,Agreeing to / contradicting the above, I voluntarily choose MEDWAY Hospital for treatment of self or _____ for my _____ (relationship).

Date and Time: _____

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to _____ Department of _____ Hospital/Diagnostic Centre for _____ (Reason/purpose for referral).

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

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

N.B.

The entitlement eligibility of the patient should also be verified through IP Portal at www.esic.in. Referral shall b 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 o as per the contract whichever is later and is subject to fulfilment of other terms and conditions as defined in th contract/agreement.

Printed By : nalikuma

30-09-2024

ph: 8825528700

Amudha= 9094154588.