

Dr. V. J. Ganathar

HT → 173
WT →

CM SCHEME

PTCA

MHI/DP/2022/104

Discharge on 17/10/24



BILLING CARD

SAFETY FIRST



Patient Name

Mr. SALOMAN JAMES (CM SCHEM

IP No.

50/Male/MHI202485988

Room No.

14/10/2024; IP112024002417

Dr. G. GNANAVEI U

D.O.A. 14/10/24, Time 12.06 PM

Card closed

TRANSFER DETAILS

Rent Per Day 204

Date	Time	From	To	Nurse's Signature
14/10/24	12.20pm	ADMISSION	2nd floor 204	V. J. Ganathar
15/10/24	13:00	2nd floor 204	CATH LAB	Ref: 204
15/10/24	15:00	CATH LAB	CU	Ref: 204
16/10/24	11:00	CU	2nd FLOOR	Ref: 204

OPERATION THEATRE

Date :	15/10/2024	OT No. :	CATH LAB
Surgeon :	Dr. Ganathar	Start Time :	13.20
I Asst. Surgeon :		End Time :	14.50
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :		C-Arm :	
OT Nurse :	Ref: Ganathar	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
15/10/24	15.15	16/10/24	11.00				

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 :

LABORATORY

[illegible]

(3)
- ECG / ECH

15/10/24	ECG - (1) (13522)
16/10/24	ECG - 1 (13552)
17/10/24	ECG (13615)

CBG 3

Date	PHYSIOTHERAPY
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NEBULIZER	OTHERS
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[illegible]

AUCTUS LABS PRIVATE LIMITED										State Code : 33			
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										Place Of Supply : TAMILNADU			
CREDIT-BILL										GSTIN : 33AAMCA2113K1ZY			
To : 686 UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT CARDIAC KODAMBAKKAM CHENNAI 600024 PH :					Bill Date 16/10/2024		Bill No & Page No AUC/WS694 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	ETERNIA BRIO 3.50X16 EB35016	1	3004101	N35016IE2426032	04/26	1	0	5 %	600.00	2000.00	12600.00	12000.00
2	1 NA	ETERNIA BRIO 3.00X16 EB30016	1	3004101	N30016IE2437031	07/26	1	0	5 %	600.00	2000.00	12600.00	12000.00
ITEMS : 2 QTY : 2 BASE : 24000.00 SGST : 600.00 CGST : 600.00 GST : 1200.00 Goods Value: 24000.00													
Category	Gross	CGST	SGST	Amount	P(Disc)		DB						
5 %	24000.00	600.00	600.00	25200.00			CR						
							CD		0.00	0.00			
Rounded Net Amount										25200.00			
AXIS A/C : 922030011606851 IFSC : UTIB0001165													
Amount In Words : Twenty Five Thousand Two Hundred Rupees Only													
Chq in Favour of AUCTUS LABS PVT LTD													
Remarks : P.N-SALOMAN JAMES-IP-2024002417-DR.GNANA VELU													
User Name HARI 11:00:57 A													
For AUCTUS LABS PRIVATE LIMITED  AUTHORIZED SIGNATORY													



Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	14/10/2024 2:52PM	Fax No.		Reg No.	
To	Medway Hospital, Chennai TN.	Policy No./Card No.	333412965821		
		Payer/TPA ID Card No.	0133010020009860000070		
Authorization No.	13H_2257565158223-1	Name of the Patient	SALOMAN JAMES		
Date of Admission	14/10/2024 10:0 AM	Age:	50 Years	Sex:	Male
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 USE DRUG ELUTING STENTS OTHERWISE 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.