RJ
DR. VIJAYANATHAN.

HT → 173
WT →

CM SCHEME

Discharge on 17/10/24

PTCA

MHI/DP/2022/104

BILLING CARD

Medway Hospitals®
The way to better health
(A Unit of United Alliance Hea'

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Nam: Mr.SALOMAN JAMES (CM SCHEM
50/Male/MHI202485988
14/10/2024/IP1I2024002417
Dr.G. GNANAVEL U /

IP No. _____

Room No. _

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

Card closed

TRANSFER DETAILS

Rent Per Day 2047

Date	Time	From	To	Nurse's Signature
14/10/24	12.20pm	ADMISSION	2nd floor 2047	
15/10/24	13:00	II nd floor 2047	Cath Lab	
15/10/24	15.[illegible]pm	CATH LAB	CCU	
16/10/24	11.00	CCU	2nd FLOOR	0282

OPERATION THEATRE

Date	:	15/10/2024	OT No.	:	CATH LAB
Surgeon	:	DR. Gnanavelu.	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	:	R/N Sindhuja	Arthroscopy	:	
Name of Surgery	:	PTCA	Laproscopy	:	
			Sevoflurane / Isoflurane	:	
			Inj. Fentanyl	:	2ml 10ml/inj. monphi:
			Others	:	

MONITOR

Date	Start	Date	Disconnect
15/10/24	15.15.	16/10/24	11.00.

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
16/10/21	Urea, Creat (13552)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
15/10/24	ECG - (1) (13522)		
16/10/24	ECG - 1 (13552)		
17/10/24	ECG (13615)		

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
14/10/24	1 + (3611)						
15/10/24	1 (13522)						
16/10/24	1 (13552)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GNANAVELU	15/10/24	16/10/24	17/10/24		———	———	
Ms. Catherine (Dietitian)	14/10/24	15/10/24	17/10/24	———	———		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 19673 [illegible] 0178 RETURNS CHECKED : 17/10/24.	CM - 77400

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
16/10/2024	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	12000.00	12600.00	12000.00
2	1 NA	ETERNIA BRIO 3.00X16 EB30016	1	3004101	N30016IE2437031	07/26	1	0	5 %	600.00	12000.00	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.GNANAVELU

For AUCTUS LABS PRIVATE LIMITED

User Name
HARI 11:00:57 A

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.	013301002000986000070
Authorization No.	13H_2257565158223-1	**Name of the Patient**	SALOMAN JAMES
		Age: 50 Years	**Sex:** Male
Date of Admission	14/10/2024 10:0 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 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.