Dept. Dr. Anbu Selvan

CM SCHEME Discharged on 9/10/24

CABG

MHI/DP/2022/104

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

Mrs.JAYA (CM SCHEME)
67/Female/MHI202486000
03/10/2024/IPH2024002333
Dr.RAJESH.V

BILLING CARD
SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name _____

D.O.A. 03/10/24 Time 11:58AM

IP No. _____

Room No. _____

TRANSFER DETAILS

Rent Per Day C203(A)

Date	Time	From	To	Nurse's Signature
3/10/24	13.00	ADMISSION	IInd FLOOR 203(B)	
4/10/24	7.45	203-A	CTOT	
4/10/24	12:20	OT	SICU	
5/10/24	15.45	SICU	201-A	

OPERATION THEATRE

Date	: 4/10/24.	OT No.	: OT I
Surgeon	: Dr. RAJESH	Start Time	: 8.30 AM
I Asst. Surgeon	: DR. GHAYOOR AHMED	End Time	: 12:20
~~II Asst. Surgeon~~	: ~~ASP~~ DEVIKA LA	Dis. Pack	:
III Asst. Surgeon	: -	Diathermy	: Used.
Anaesthetist	: Dr SYLVESTER	C-Arm	: —
OT Nurse	: S/N RADHIKA.	Arthroscopy	: -
Name of Surgery	: OPCAB (CLOSED HEART)	Laproscopy	: -
Rs 1000 for ETO To be charged.		Sevoflurane / Isoflurane	: 3 hours 10minutes
Manman Saw Drill Used.		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
4/10/24	12.25	5/10/24 15.45	15.45
5/10/24	14.00	6/10/24	12.30

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
4/10/24	12:25	5/10/24	09.30

SYRINGE PUMP

Date	Start	Date	Disconnect
4/10/24	12:25	5/10/24	8.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
4/10/24	12.25	11/10/24	15.30

VENTILATOR

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
5/10/24	Hb, urea, creatinine (13082)
6/10/24	Hb, urea, creatinine, K+, Na+ [13129 J
8/10/24	Hb, Urea, CR, Na+, K+ (318)

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

4/10/24	CXR AP BLS (13060)		
5/10/24	CXR AP BLS (13082)		
6/10/24	CXR AP (BLS) (13096)		
7/10/24	ECG, ECHO, X-ray, USG (13089)		
8/10/24	ECG, ECHO, X-ray (3181)		

CBG

DATE	NUMBERS	DATE	NUMBERS
3/10/24	1+ (3189)	04/09/2024	1 (3061) (OT)
4/10/24	1+ (13082)		
5/10/24	1+ (13096)		
6/10/24	1+ 1+		
7/10/24	1+ (3189)		

ABG

DATE	NUMBERS	DATE	NUMBERS
04/09/2024	2 (3061) (OT)	04/09/2024	3 (3061) (OT)
4/10/24	1 (13060)	4/9/24	1 (13060)
5/10/24	1 (13082)		

ACT

DATE	NUMBERS

PHYSIOTHERAPY

Date	
04/10/24	15:30 / 21:00
05/10/24	6:00 / 10:00 / 14:30
6/10/24	11:00 / 17:00
7/10/24	10:00 / 17:00
8/10/24	10:00 / 17:30

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
4/10/24	1+ 1		
5/10/24	1+1+1+1		
6/10/24	1+1+1+1		
7/10/24	1+1+1+1		
8/10/24	1+1+1+1		
9/10/24	1+1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Roy 'Sh	3/10/24	4/10/24	5/10/24	6/10/24	7/10/24	8/10/24	9/10/24
DR. praveen. (Anaes)	3/10/24.	—					
Mrs. Catherine (Dietitian)	3/10/24	4/10/24	5/10/24	7/10/24	9/10/24	—	—
Ms. Devathat (Phy)	7/10/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 69706 / BILL CLEARED : RETURNS CHECKED : 9/10/24.	97500

CROSS MATCHING :

RESERVATION PF BLOOD : 1 (+) PCV Reservation done 3/10/24

STERILE TRAY USED : 1 SR ~~TRAY~~ USED ON 5/10/24 in SICU.

TRANFUSION (BLOOD) SR Tray (1) used

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :

Sister In-charge

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	03/10/2024 5:30PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333213360450
		Payer/TPA ID Card No.	013301007970087002 6168
Authorization No.	13H_2257564936858-1	**Name of the Patient**	JAYA
		Age: 67 Years	**Sex:** Female
Date of Admission	03/10/2024 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.