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INSURANCE
monov
Self. Discharge on 05/10/24 CAG.

MHI/DP/2022/104

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

BILLING CARD

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mr.HARI DASS
61/Male/MHI202486037
26/09/2024/IP112024002278
Dr.KAILASH A JAIN

CCU-1
SICU-2
ward-5
8

IP No.

Room No.

D.O.A. 26/9/24 Time 2.44Pm

Rent Per Day RL

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
26/9/24	14:45	Front office	CCU	AM0345
26/9/24	15:00	CCU	Cathlab	AM0345
26/9/24	4.06	Cath Lab	CCU	
27/9/24	13.10	CCU	3rd floor (101)	
30/9/24	7.30	3rd floor	CT OT	
30/9/24	13.55 pm	OT	SICU	
1/10/24	12:00	12:30 CRW SDU	SDW 102	

OPERATION THEATRE

Date	2/10/24 : 26.9.24	OT No.	: Cath Lab
Surgeon	: Dr. CSS.	Start Time	: 3.28pm
I Asst. Surgeon	:	End Time	: 3.40pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: B. Revathi RCW	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	: DESFLURANE 4 Hrs
		Inj. Fentanyl	: 2ml 10ml/inj. monphi: 2
		Others	:

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
26/9/24	16.06	27/9/24	1.10		—		
30/9/24	14.00.	2/10/24	14:00				

3

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
30/9/24	14.00	2/10/24	14:00	30/9/24	14.00	1/10/24	10.00.

2

ALPHA BED				~~SCD PUMP~~ VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
	—			30/9/24	14.00	30/9/24	18.15

0.5

OPERATION THEATRE

Date	: 30/9/24	OT. No.	: II
Surgeon	: Dr KAILASH A JAIN	Start Time	: 8.15 am
I Asst. Surgeon	: Dr GHAYOOR AHMED	End Time	: 13:53
~~II Asst. Surgeon~~	: Ms SARITHA	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: [illegible]
Anaesthetist	: DR SHAPNA	C-Arm	: —
OT Nurse	: S/N THANICKASALAM	Arthroscopy	: —
Name of Surgery	: OPCAB (CLOSED HEART	Laproscopy	: —
Rs 1000/- For [illegible] To be charged.		Sevoflurane / Isoflurane	: —
[illegible] Saw Drill [illegible]		Inj. Fentanyl	: —
		Others	: —

5 6

Date	LABORATORY
27/9/24	CBC, RFT (2667)
27/9/24	Carotid Doppler (
26/9/24	Cath package, RAT, Trop-T (2617)
28/9/24	LFT, Lipid profile, TSH, HBA1C, APTT, Cold Agglutinin (2710)
28/9/24	Bleeding time (2776)
30/9/24	CBC, Urea, Creatinine (12877)
1/10/24	Hb, TC, Urea, Cr, NA, K+ (13039)

④ ③ ①

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
27/9/24	ECG (2667)		
27/9/24	Carotid Doppler (2688)		
28/9/2024	PFT / 650/- as per OP charges		
30/9/24	CXR A/P B/S - ① (12822)		
30/9/24	ECG B/S - ① (12822)		
1/10/24	~~ECG B/S~~ (12877)		
2/10/24	CXR - A/P - B/S (12954)		
4/10/24	CXR - (13043)		
4/10/24	ECG (13043)		

CBG (24)				ABG (8)		ACT (3)	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
26/9/24	2 (2685)	2/10/24	1 (12993)	30/9/24 OT	(2) 12828	30/9/24 OT	(3) 12828
27/9/24	1 (2667)	2/10/24	1+1 (3093)	30/9/24	1 (12822)		
27/9/24	1 (2617)	3/10/24	1+1+1	30/9/24	2 (12850)		
27/9/24	1 (2692)	4/10/24	1+1+1	1/10/24	1 (12877)		
28/9/24	1+0 (2726)	05/10/24	1+1	1/10/24	1 (12895)		
28/9/24	1+1	3093	3094	2/10/24	1 (12993)		
29/9/24	1+1+1			2/10/24			
30/9/24	1 (12877)						
1/9/24	1 (12912)						

Date	PHYSIOTHERAPY (15)
30/9/24	18:15 / 22:00
01/10/24	6:00 / 9:30 / 14:10 / 18:10 / 21:00
02/10/24	6:00 / 10:15 / 10:15
03/10/24	10:30 / 16:10
04/10/24	11:15 / 18:50
5/10/24	11:00

(31)

NEBULIZER — NEB FORCORT		NEB DUOLIN		OTHERS — NEB [illegible]		NEB. [illegible]	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
28/9/24	1+0	2/10/24	1+1	2/10/24	1+1	30/9/24	1
29/9/24	1+1	3/10/24	1+1	3/10/24	1+1	1/10/24	1+1+1
30/9/24	1+1+1	4/10/24	1+1	4/10/24	1+1	2/10/24	1+1+1
1/10/24	2+2+1	5/10/24	1+1	5/10/24	1+1	3/10/24	1+1+1
2/10/24	1+1					4/10/24	1+1+1
4/10/24	1+0					5/10/24	1+1

05/05

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. KAILASH A JAIN	26-9-24	27/9/24	28/9/24	29/9/24	30/9/24	1/10/24	2/10/24
DR. G. GNANAVELU	26-9-24	27/9/24	—				
DR. SUPRAJA	28/9/24	—					
DR. SAPNA	26/9/24.	—					
DR. KAILASH JAIN	3/10/24	4/10/24	05/10	—			
Mrs. Catherine (Dietitian)	26/9/24	30/9/24	01/10/24	03/10/24	5/10/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 116858 [illegible] RETURNS CHECKED : 5/10/24.	MM - 85,567 CABG - 4,30,000 5,16,992.

Adv - 71,947

CROSS MATCHING :

RESERVATION PF BLOOD : 2 ⊕ PCV reservation done (29/9/24)

STERILE TRAY USED : Tray used 05/10/24.

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : 2D TEE PROBE

Admission Officer : [signature]	Sister In-charge

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FINAL BILL

Name : MR HARIDASS	
Age / Sex : 61 Years / MALE	IP Number : IPH2024002278
Doctor Name : DR KAILASH JAIN	D.O.A. : 26/09/2024 AT 15:13
	D.O.D. : 05/10/2024 AT 18:45

S.No	Description	Values
1	ADMINISTRATION CHARGES	1500.00
2	SINGLE ROOM CHARGES (5000 X 6 DAYS)	30000.00
3	BED CHARGES SICU (7500 X 3 DAYS)	22500.00
4	INTENSIVIST PROFESSIONAL CHARGES	15000.00
5	DMO CHARGES	5000.00
6	LABORATORY	35645.00
7	RADIOLOGY	9690.00
8	CORONARY ANGIOGRAM	18000.00
9	VENTILATOR CHARGE	25000.00
10	MONITOR CHARGE	5000.00
11	SYRINGE PUMP CHARGE	5000.00
12	NEBULIZER CHARGE	9300.00
13	DIET CHARGES	3000.00
14	NUTRITIONAL ASSESSMENT CHARGES	1000.00
15	PHYSIOTHERAPHY CHARGES	10500.00
16	STERILIZATION AND DISINFECTANT CHARGES	2500.00
17	DIATHERMY , ETO & ISOFLURANE	5000.00
18	DRUGS	116857.00
19	BLOOD CHARGES	1000.00
20	OT CHARGES (CABG)	60000.00
	(PROFESSIONAL TEAM FEES) :-	
21	DR KAILASH JAIN	80000.00
22	DR GHAYOOR AHMED	25000.00
23	DR SHAPNA VARMA	25000.00
24	DR GNANAVELU	3000.00
25	DR SUPRAJA	2500.00
	TOTAL SERVICE AMOUNT	**516992.00**

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UNITED ALIIANCE HEALTH CARE PVT LTD

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The way to better health

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Sanctioned Amount	Rs. 400,000
Advance EMI Amount	(-) Rs. 0
Disbursal Amount	Rs. 400,000
Part 1 Amount	Rs. 200,000
Subvention Amount	(-) Rs. 12,000
Subvention GST	(-) Rs. 2,160
Transfered Amount	Rs. 185,840
Remaining Amount	Rs. 200,000
Part 2 Requested	Rs. 0
Transfered Amount	Rs. 200,000
Total Transfer Amount	Rs. 400,000

Hide email

Mr. Haridass, payment UTR and Breakup details

Save all to OneDrive - UNITED ALLIANCE HEALTH CARE PRIVATE LIMITED

Save All Attachments

Dear Sir,

Forwarding the payment UTR and Breakup details for your kind reference.
GMoney Approved amount - 400000
GMoney paid amount - 400000
Final Bill amount - 516992
Kindly collect the Difference amount from the patient side

Patient name : Mr. HariDasa
Patient ID : MHI202486037
IP NUMBER : IPH2024002278

With Regards,
Rajkumar. R

Noted with thanks. Received, thank you. Thank you!

Reply   Reply all   Forward

Manage groups

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ENG 10:47 08-10-2024