Ref- Dr Anbuselvan

Discharge on 14/10/24

CABG

CM SCHEME

MHI/DP/2022/104

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

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mr.CHARLES D (CM SCHEME)
64/Male/MHI202486098
08/10/2024/IPI12024002377
Dr.RAJESH.V

IP No. ____

Room No. ____

D.O.A. 08/10/24 Time 11.25AM

TRANSFER DETAILS

Rent Per Day 2004

Date	Time	From	To	Nurse's Signature
8/10/24	11.45	ADMISSION	IInd floor 204B	
8/10/24	12.20	IInd floor 204B	IST floor 103.	
9/10/24	8.15	IST Floor	CTOT	
9/10/24	13.35	CTOT	SICU	
10/10/24	12.30	SICU	SD-ICU	
11/10/24	10.30	SDICU	[illegible] (IST Floor)	

OPERATION THEATRE

Date	: 9/10/24	OT No.	: CTOT-2
Surgeon	: DR. RAJESH	Start Time	: 9.45
I Asst. Surgeon	: DR. ARAVIND	End Time	: 13.35
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: used
Anaesthetist	: DR. SYLVESTER, DR. PRAVEEN	C-Arm	: -
OT Nurse	SR RADHIKA,	Arthroscopy	: -
Name of Surgery	: CPCAB (CLOSED HEART)	Laproscopy	: -
RS 1000% TO Be Charged ETO		Sevoflurane / Isoflurane	: 3 HRS 30 MINS
Manaran saw drill used		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	: -

MONITOR

Date	Start	Date	Disconnect
9/10/24	13.40	11/10/24	10.30

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
9/10/24	13:40	10/10/24	5.00

SYRINGE PUMP

Date	Start	Date	Disconnect
9/10/24	13.40	9/10/24	14:00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
9/10/24	13.40	9/10/24	16:45

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
10/10/24	HB, UREA, CREATININE (13295.)
11/10/24	HB, UREA, CREATININE, Na^+, K^+ (13350)
12/10/24	CBC, urea, creatine, sodium, potassium (3478)

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

9/10/24	CxR (AIP) B/s — ① (13265)		
10/10/24	CXR (AIP) B/s → ① (13295)		
10/10/24	CX (AIP) B/s → 1 (13344)		
11/10/24	Cx (AIP) B/s → 1 (13350)		
13/10/24	Chest x-RAY, ECG (B420)		
14/10/24	ECHO (3441)		

CBG

DATE	NUMBERS	DATE	NUMBERS
8/10/24	1+1 (3441+2)		
9/10/24	1+		
10/10/24	2 (13344)		
11/10/24	1 (13350)		
11/10/24	1+2=		
12/10/24	1+1+1 (3441+2)		
13/10/24	1+1+1		
14/10/24	1+1 (3441+2)		

ABG

DATE	NUMBERS	DATE	NUMBERS
09/10/24	1(OT)(13265)	09/10/24	1(OT)(13265)
9/10/24	3 (13265)	9/10/24	1 (13265)
10/10/24	1 (13295)		

ACT

DATE	NUMBERS

PHYSIOTHERAPY

Date	
9/10/24	13.45 / 16.45 / 22:00
10/10/24	6:15 / 9:00 / 16.00 / 21:45
11/10/24	6:45 / 9:00 / 17.50
12/10/24	11.06 / 17.00
13/10/24	10.00 / 17.10
14/10/24	10:30

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
9/10/24	1+1		
10/10/24	2+1+1		
11/10/24	1+1+1		
12/10/24	1+1+1+1		
13/10/24	1+1+1+1		
14/10/24	1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rajesh	8/10/24	9/10/24	10/10/24	11/10/24	12/10/24	13/10/24	14/10/24
DR. PRAVEEN	8/10/24						
Mrs. Catherine (Dietitian)	8/10/24	9/10/24	10/10/24	13/10/24	14/10/24	—	

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	CM-97500 CMU0017
BILL CLEARED : 63248 / 0088	
RETURNS CHECKED : 14/10/24.	

CROSS MATCHING :

RESERVATION PF BLOOD : 10 PCV RESERVATION DONE

STERILE TRAY USED : 1 SR. TRAY. ① no used in SW on 10/10/24. 0086

TRANFUSION (BLOOD) SR tray ① used

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :

Sister In-charge

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	08/10/2024 5:32PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333748662046
		Payer/TPA ID Card No.	013302500301325000021O
Authorization No.	13H_2257565049361-1	**Name of the Patient**	CHARLES.D
		Age: 64 Years	**Sex:** Male
Date of Admission	08/10/2024 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.