Red ESI

ES

CAG

MHI/DP/2022/104

BILLING CARD

Medway Hospit
The way to better healt
(A Unit of United Alliance Healthcare Pvt L

Medway Heart Institute
Where heart beat never stops...

Mr.SHANMUGAM (ESI)
63/Male/MHI202486102
30/09/2024/IP1I2024002300
Dr.G. GNANAVELU

Patient Name _____

IP No. _____

D.O.A. 30/9/24 Time 11:02 Am

Room No. _____ Rent Per Day RL

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
30/9/24	11:02 Am	Admission	RL	
30/9/24	13:10	RL	cath lab	
30/9/24	15:10	cath lab	RL	

OPERATION THEATRE

Date	: 30/9/24	OT No.	: Cath lab
Surgeon	: DR. Gnanavelu	Start Time	: 13:45
I Asst. Surgeon	:	End Time	: 15:05
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Priya	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect

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

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 6715.00 ~~620~~ RETURNS CHECKED : 30/09/24.	T-11903

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : JANANI	8 0377 Sister In-charge

4149 ECA

(Form P-1)

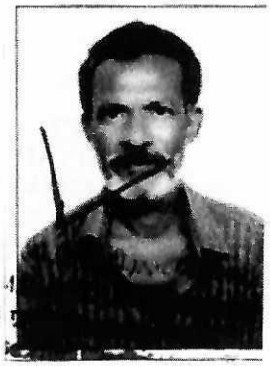
Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024049993	**Insurance No/Staff/ Pensioner Card**	: 5131714752
Name of the Patient	: Mr. SHANMUGAM SUBRAMANI	**Age/Gender**	: 63 Years /Male
UAN of IP	:	**UHID**	: HKKN.0000254936
Address/Contact No	:		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Spouse		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Atherosclerotic heart disease - I25.1 Remarks :		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 06-Oct-2024		



Remarks Additional Clinical Information/Procedure/Investigation cag for CAD

Reasons / Purpose for Referral Investigations/Rx/Procedure : LOF

E.S.I.C. Medical College & Hospital / K.K.Nagar, Chennai-78

Name of the empanelled hospital whereto refer **Hospital** MEDWAY HOSPITALS
Department Diagnostic Cardiology

Dr. K.V. BALIGA, M.D.,(MED),D.M.,(Nephro)
प्राध्यापक एवं विभाग प्रमुख / Professor & HOD
सामान्य चिकित्सा विभाग / Dept. of Gen. Medicine
E.S.I.C. Medical College & Hospital
K.K.Nagar, Chennai-78.

Date & Time of Referral : 26-Sep-2024 01:26:57 PM

Name and Designation of the Referring Doctor
Dr. Krishna VEnkatesh Baliga - PROFESSOR

Or,Agreeing to / contradicting the above, I voluntarily choose MEDWAY. Hospital for treatment of self or ____ (relationship).

Date and Time: 27/9

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to _____ Department of _____ Hospital/Diagnostic Centre for _____ (Reason/purpose for referral).

(VERIFIED & RECOMMENDED BY)
(Signature, Name &Designation)
Date & Time:

28/9/24

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time:

MEDICAL SUPERINTENDENT
E.S.I.C. Medical College & Hospital
K.K. Nagar, Chennai-78

N.B.
The entitlement eligibility of the patient should also be verified through IP Portal at www.esic.in. Referral shall be governed by the rules and administrative instructions issued from time to time.Referred Hospital is instructed to perform only those procedure/treatment for which the patient has been referred to. In case any additional procedure / treatment /investigation is essentially required to be carried out, permission for the same is mandatorily required from the approving authority of the referring hospital. The validity of this referral is upto 7 days from the date of issuance or as per the contract whichever is later and is subject to fulfilment of other terms and conditions as defined in the contract/agreement.

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Ph- 7358374267

26-09-2024