R4 DR. SIVAKUMAR

CM SCHEME

CABG

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.VIJAYAGANTH (CM SCHEME
48/Male/MHI202486139
07/10/2024/IPH2024002369
IP No. _____ Dr.RAJESH.V
Room No. _____

D.O.A. 7/10/24 Time 11.57 AM

Rent Per Day 2024/GIW

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
7/10/24	12.30	ADMISSION	IInd floor 204 B	
8/10/24	12.20	IInd floor 204 B	CTOT	
8/10/24	17.50	CTOT	SICU	0345.
9/10/24	11.50	SICU	SD-ICU	019
10/10/24	10.15	SDICU	202	

OPERATION THEATRE

Date	: 8/10/2024	OT No.	: CTOT-I
Surgeon	: DR.RAJESH	Start Time	: 13.00
I Asst. Surgeon	: Dr. Aravid	End Time	: 17.50.
II Asst. Surgeon	: PA:DEVIKALA	Dis. Pack	:
III Asst. Surgeon	: -	Diathermy	: USED
Anaesthetist	:	C-Arm	:
OT Nurse	: ATCHAYA	Arthroscopy	:
Name of Surgery	: CABG (Closed heart)	Laproscopy	:
MANMAN SAW DRILL USED		Sevoflurane / Isoflurane	: 3 HRS
ETOTHING (2 1000 TO RECHARGE)		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	: -

MONITOR

Date	Start	Date	Disconnect
8/10/24	17:55	10/10/24	10.20

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
8/10/24	17:55	9/10/24	6.00

SYRINGE PUMP

Date	Start	Date	Disconnect
8/10/24	17.55	9/10/24	9.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
8/10/24	17.55	8/10/2024	21:00

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
9/10/24	~~HB~~, UREA, CREATININE (13240)
10/10/24	~~HB~~ UREA, CREATININE, SODIUM POTASSIUM (13293)
12/10/24	HB, Urea, Cl^+, Na^+, K^+ (3378)

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

8/10/24	CXR A/P BIS - (1) (13223)		
9/10/24	CXR A/P BIS - (1) (13240)		
9/10/24	CXR A/P BIS - (1) (13259)		
10/10/24	CXR. A/P. BIS - (1) (13293)		
12/10/24	ECG, ECHO, X-ray (3379)		

CBG

DATE	NUMBERS	DATE	NUMBERS
8/10/24	1+1 (3457)	13/10/24	1+1+1 (3457)
8/10/24	1+1	14/10/24	1+1 (3457)
8/10/24	1 (13223)		
9/10/24	1 (13240)		
9/10/24	2 (13259)		
10/10/24	1 (13293)		
10/10/24	1+1		
11/10/24	1+1+1+1 (3457)		
12/10/24	1+1+1+1		

ABG

DATE	NUMBERS
8/10/24	1 (13223)
8/10/24 OT	2 13221
8/10/24	2 (13234
9/10/24	1 (13240)

ACT

DATE	NUMBERS
8/10/24	1 (13223)
8/10/24 (OT)	(3) 13221

PHYSIOTHERAPY

Date	
08/10/2024	21:00
09/10/24	6:00 / 9:00 / 16:00 / 21:00
10/10/24	5:40. / 9:00 / 17.00
11/10/24	10:00 / 17.30 / 16.00
12/10/24	11.00 / 17.45
13/10/24	10.00 / 17.00
14/10/24	9:15

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
8/10/24	1+1+1	14/10/24	1+1
9/10/24	1+1+1+1		
10/10/24	1+1+1+1		
11/10/24	1+1+1+1		
12/10/24	1+1+1+1		
13/10/24	1+1+1+1		

OTHERS

DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Rajesh	7/10/24	8/10/24	9/10/24	10/10/24	11/10/24	12/10/24	13/10/24
DR. Praveen N (Anaes)	7/10/24						
Dr. Rajesh	14/10/24						
Ms. Keerthana. S (Dietitian)	7/10/24	8/10/24	9/10/24	11/10/24	14/10/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 69408 / 4000 0108 RETURNS CHECKED : 14/10/24.	CM - 97500 CMV0017

CROSS MATCHING :

RESERVATION PF BLOOD : 1 unit PCV Reservation done (7/10/24)

STERILE TRAY USED : 1 SR TRAY no used in srw on 9/10

TRANFUSION (BLOOD) SR Tray 1 used

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :	Sister In-charge

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	07/10/2024 3:26PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333472463159
		Payer/TPA ID Card No.	013302500301463002236l
Authorization No.	13H_2257565015347-1	**Name of the Patient**	VIJAYAGANTH
		Age: 48 Years	**Sex:** Male
Date of Admission	07/10/2024 9:0 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.