ESI

CAG

MHI/DP/2022/104

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

BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Mr.MURUGAN K (ESI)
51/Male/MHI02486198
05/10/2024/IP1I2024002350
Dr.K.JAISHANKAR

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 05/10/24 Time 10:00 AM

ER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
5/10/24	10:102	Admission	RL	
5/10/24	4.50pm	RL	CATH	
5/10/24	12-20pm	Cath cab	RC	

OPERATION THEATRE

Date	: 5/10	OT No.	: 1
Surgeon	: Dr. Jayshank	Start Time	: 11.55pm
I Asst. Surgeon	:	End Time	: 12.10pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Rinpriya.	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 : RETURNS CHECKED :	6040/- 5/10/24 T-11905

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :

Sister In-charge

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

UTI ID 6321198

Referral No	: Tamil2024050815	**Insurance No/Staff/ Pensioner Card**	: 5132781811
Name of the Patient	: Mr. MURUGAN	**Age/Gender** : 51 Years /Male	**UHID** : HKKN.0000279434
UAN of IP	: KATHAVARAYAN		
Address/Contact No	:		
Identification marks (if any)	:		
IP/Beneficiary/Staff	: Beneficiary		
Relationship with IP/Staff	: Dependant father		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Aortic (valve) insufficiency - I35.1 Remarks :		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto 11-Oct-2024		

Dr.S.KATHIRAVAN, M.B.B.S, M.D (Reg. No.2025...) Dept of General Medicine ESIC Medical College & Hospital KK Nagar, Chennai -78

Remarks Additional Clinical Information/Procedure/Investigation Diagnosis - Calcific severe AS and AR

Reasons / Purpose for Referral Investigations/Rx/Procedure : LACK OF FACILITY

Name of the empanelled hospital whereto refer **Hospital** MEDWAY HOSPITALS

Department Cardiology

Dr.S.KATHIRAVAN, M.B.B.S, M.D (Reg. No.2025...) Dept of General Medicine ESIC Medical College & Hospital KK Nagar, Chennai -78.

Name and Designation of the Referring Doctor

Ms. KATHIRAVAN S - SENIOR RESIDENT

Date & Time of Referral : 01-Oct-2024 11:03:41 AM

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

Date and Time: 3/10/24.

Signature/Thumb Impression of IP/Beneficiary/Staff

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

VERIFIED & RECOMMENDED FOR SST

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

Signature & Name
1 3/10/24
2
3 A. SIVAKUMAR

3/10/24
SUPERINTENDENT
E.S.I.C. HOSPITAL
CHENNAI-78

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

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.

Printed By : kaths11

01-10-2024

9940088565