RJ

DR. Gnanavelu.

INSURANCE

Discharged on 11/10/24

CAG

MHI/DP/2022/104

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

BILLING CARD

SAFETY FIRST

CCU - 1

ward - 2

Medway Heart Institute
Where heart beat never stops...

Patient Name: Mr.VALAIYABATHI P
66/Male/MHI202486204
08/10/2024/IPH202402378

IP No. _____ Dr.G. GNANAVELU

Room No. _____

D.O.A. 8/10/24 Time 11.14AM

TRANSFER DETAILS Rent Per Day RL

Date	Time	From	To	Nurse's Signature
8/10/24	11:20	Admission	RL	
8/10/24	12:20	RL	CATH	
8/10/24	14.05	cath lab	RL	
8/10/24	20.05	RL	IInd floor 207	
9/10/24	14.00	2nd Floor 207-B	cath Lab	
9/10/24	15.20	Cath Lab	CCU	

OPERATION THEATRE

Date	: 8/10/24	OT No.	: cath lab I
Surgeon	: Dr. Gnanavelu	Start Time	: 13.30
I Asst. Surgeon	:	End Time	: 13.50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Bavatharini	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
9/10/24	15.20	10/10/24	10:30

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

OPERATION THEATRE

Date	: 9/10/24	OT. No.	: Cath Lab II
Surgeon	: Dr. Gnanavelu	Start Time	: 14.00
I Asst. Surgeon	:	End Time	: 14.55
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Panchavarnam	Arthroscopy	:
Name of Surgery	: PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY
10/10/24	~~RFT~~ urea, creat (138013)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
9/10/24	ECG (13287)		
10/10/24	ECG (13301)		

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
8/10/24	1 (3337)						
9/10/24	1+1 (13287)						
10/10/24	1 (13301)						
10/10/24	1+1 (3337)						
11/10/24	1+1						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GNANAVEL (C)	9/10/24	10/10/24	11/10/24				
Mrs. Catherine (Dietitian)	9/10/24	10/10/24					
Mr. Suvathial (Phy)	10/10/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Vignesh	
BILL CLEARED : 08/10/24	
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :

Sister In-charge

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BILLING CARD
SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Mr.VALAIYABATHI P
66/Male/MHI202486204
08/10/2024/IPI12024002378
Dr.G. GNANAVEL U

Patient Na _____ D.O.A._____ Time_____

IP No. __

Room No **TRANSFER DETAILS** Rent Per Day _____

Date	Time	From	To	Nurse's Signature
10/10/24	10:35	CCU	203 (2nd F	

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	: 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

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

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

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 23491 / Sarath 10/10/2024 RETURNS CHECKED :	T. 2,58,384/- ADV ₹51000/-

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :	Sister In-charge

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(A Unit of United Alliance Healthcare Pvt Ltd)

FINAL BILL

Name : MR.VALAIYABATHI P	**IP Number : IPH2024002378**
Age / Sex : 66 Years / MALE	**D.O.A. : 08/10/2024 AT 18:34**
Doctor Name : Dr GNANAVELU	**D.O.D. : 10/10/2024 AT 18:00**
INSURANCE / TPA : STAR	**CLAIM NO. : CIG/2025/121200/1043825**

ADMINISTRATION CHARGES	1500.00
TWIN ROOM CHARGES (3500 X 2 DAY)	7000.00
CCU BED CHARGES (7000 X 1 DAY)	7000.00
INTENSIVIST PROFESSIONAL CHARGES	5000.00
DUTY MEDICAL OFFICER	1000.00
LABORATORY	1030.00
RADIOLOGY	1872.00
CAG	18000.00
STERILIZATION AND DISINFECTANT CHARGES	960.00
MONITOR CHARGE	4000.00
CATH LAB CHARGE (PTCA)	50000.00
IMPLANT CHARGES	35030.00
DRUGS	23492.00
NUTRITIONAL ASSESSMENT CHARGES	1000.00
DIET CHARGES	1500.00
(PROFESSIONAL TEAM FEES) :-	
DR GNANAVELU	70000.00
DR KARTHICK	30000.00

TOTAL SERVICE AMOUNT	**258384.00**
APPROVAL AMOUNT	**207524.00**
CO PAY	**0.00**
DISCOUNT	**15530.00**
PATIENT PAID	**35330.00**

INSURANCE CO ORDINATOR
UNITED ALIIANCE HEALTH CARE PVT LTD

STAR HEALTH AND ALLIED INSURANCE CO. LTD.,
Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai - 600014

Customer Care Number - 044 6900 6900 | Corporate Customers - 044 43664666 |

Chat - +91 9597652225, www.Starhealth.in

Cashless Authorization Letter

Claim Number : CIG/2025/121200/1043825 **DATE** : 10/10/2024

(Please quote this number for all further correspondence)

Authorization is valid for admission up to 16/10/2024

MEDWAY MEDICAL CENTRE New No. 8 Old No. 22 4Th Cross Street, Trust Puram, Kodambakkam CHENNAI - 600024 Tamil Nadu Rohini Id : 8900080347533	Name of Insurance Company: STAR HEALTH AND ALLIED INSURANCE Name of TPA : Not Applicable Proposer Name : P.VALAIYABATHI Patient's Member : P.VALAIYABATHI ID/TPA/Insurer Id of the Patient : 11696328001535690 Relation with Proposer : SELF

Dear Sir / Madam,

This has reference to the pre-authorization request submitted on 10/10/2024. We hereby authorize cashless facility as per details mentioned below:

Patient Name : P.VALAIYABATHI	Age : 65YEARS	Gender : Male
	Expected Date of Admission : 08/10/2024	
Policy Number : P/121200/01/2025/000056	Expected Date of Discharge : 10/10/2024	
Policy Period : 09-JUN-2024 - 08-JUN-2025	Estimated length of stay : 3	
Room Category : SINGLE ROOM NON A/C / PRIVATE NON A/C Eligible Room Category as per T&C of Policy Contract :		
Provisional Diagnosis : CAD	Proposed line of treatment : Surgical	

Authorization Details:-

Date & Time	Reference number	Amount	Status

AUCTUS LABS PRIVATE LIMITED

NO.11. OLD NO.5. 1st FLOOR. CORPORATION COLONY MAIN ROAD,RANGARAJAPURAM,
KODAMBAKKAM,CHENNAI - 600024 Ph: 044-48509191
DL NO: 4001/MZII/20B : 4166/MZII/21B

CREDIT-BILL

State Code : 33
Place Of Supply : TAMILNADU
GSTIN : 33AAMCA2113K1ZY

To : 686
UNITED ALLIANCE HEALTHCARE (P) LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date	Bill No & Page No
10/10/2024	**AUC/WS686 1/1**
Terms	Salesman Name
WHOLE SALES	4-PATIENT
GSTIN	DL NO : N.A
33AABCU3941Q1ZZ	

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	ONYX TRUCOR DES TRCR 25012X 2.50X12	1	30041010	0012205577	03/27	1	0	5 %	1190.48	23809.52	25000.00	23809.52
2	1 NA	MOZEC NC 2.75X8	1	90181100	MNCW49	08/26	1	0	12 %	1074.64	8955.35	10029.99	8955.35

ITEMS : 2 QTY : 2 BASE : 32764.87 SGST : 1132.56 CGST : 1132.56 GST : 2265.12 Goods Value: 32764.87

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	23809.52	595.24	595.24	25000.00		CR	
12 %	8955.35	537.32	537.32	10029.99		CD 0.00	0.00
					Rounded Net Amount		**35030.00**

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Thirty Five Thousand Thirty Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-VALAIYABATHI-IP-2024002378-DR,GNANAVELU
Customer Outstanding: **128429863.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY