Ref ESI

ESI

Discharge on 10/9/24

PCI

MHI/DP/2022/104

BILLING CARD

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

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Mrs.SELVI.S (ESI)
50/Female/MHI202486223
09/10/2024/IP112024002388
Dr.G. GNANAVELU / Dr.G. GNANAVELU

Patient Name _____

IP No. _____

Room No. ____

D.O.A. 09/10/24 Time 10:27 AM

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
9/10/24	11.30	Admission	2nd F. CW-8	
9/10/24	13.40	2nd floor CCU III	Cath lab.	
9/10/24	16.20	cath lab	CCU	
10/10/24	11.30.	CCU	208 – B	

OPERATION THEATRE

Date	: 9/10/24	OT No.	: cath lab I
Surgeon	: Dr. Gnanavelu	Start Time	: 14.30
I Asst. Surgeon	:	End Time	: 15.50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Sandhiya	Arthroscopy	:
Name of Surgery	: PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
9/10/24	16.20	10/10/24	11.30

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	:	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	RBS, Sr. Crt, Hb (B260)
10/10/24	~~RFT~~ Urea, ~~Creat~~ (13302)

(3)

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

9/10/24	ECG (3260)		
9/10/24	ECG (13286)		
10/10/24	ECG (13302)		

(6)

CBG				ABG			ACT
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
9/10/24	1+1 (13286)						
10/10/24	1 (13302)						
10/10/24	1+1+1 (3330)						
11/10/24	1+1 (3330)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GNANAVELU	9/10/24	10/10/24	11/10/24				
Ms. Kavitha (Dietician)	9/10/24	10/10/24					
Mrs. Sevakkal (Phy)	10/10/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	$2800 + im Plant.
BILL CLEARED : 1846/ Sarath 10/10/2024	T-1,32,800
RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer : R Nithyashree

Sister In-charge

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/WS687 1/1
Terms: WHOLE SALES	Salesman Name: 4-PATIENT
GSTIN: 33AABCU3941Q1ZZ	DL NO : N.A

S.No	MFR	Description	PCK	HSN	Batch No.	Exp	Qty	Fr	GST%	GST	Rate	MRP	Amount
1	1 NA	ONYX TRUCOR DES TRCR 27512X 2.75X12MM	1	30049099	0011676746	03/26	1	0	5 %	1190.48	23809.52	25000.00	23809.52
2	1 NA	ONYX TRUCOR DES TRCR 25030X 2.50X30	1	30049099	0012368487	07/27	1	0	5 %	1190.48	23809.52	25000.00	23809.52

ITEMS : 2 QTY : 2 BASE : 47619.04 SGST : 1190.48 CGST : 1190.48 GST : 2380.95 Goods Value: 47619.04

Category	Gross	CGST	SGST	Amount
5 %	47619.04	1190.48	1190.48	49999.99

P(Disc) DB
CR
CD 0.00 0.00
Rounded Net Amount **50000.00**

AXIS A/C : 922030011606851 IFSC : UTIB0001165

Amount In Words : Fifty Thousand Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-SELVI-IP-2024002388-DR.GNANAVELU
Customer Outstanding: **128479863.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY

(Form P-1)

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

UHID 6335299

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024052104	**Insurance No/Staff/ Pensioner Card**	: 5114176918
Name of the Patient	: Ms. S.SELVI .	**Age/Gender** : 50 Years /Female	**UHID** : TN01.0000100202
UAN of IP	:		
Address/Contact No	: 6, ANBALAGAN ST CHECK POST VELACHERY CHENNAI Chennai Tamilnadu		
Identification marks (if any)	: INDIA		
IP/Beneficiary/Staff	: IP		
Relationship with IP/Staff	: Self		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Acute ischaemic heart disease, unspecified - I24.9 Remarks :		
CGHS (Name and Code)*	: 544 - Balloon coronary angioplasty/PTCA with VCD - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1, Validity Upto - 18-Oct-2024		

Dr. S.ABARNADEVI,M.D.,D.D.V.,
सहायक आचार्य/ASSISTANT PROFESSOR

Remarks Additional Clinical Information/Procedure/Investigation

Reasons / Purpose for Referral Investigations/Rx/Procedure : Lack of Facility

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

डॉ. एस. अर्बण देवी,एम.डि.,डि.डि.वि.
Dr. S.ABARNADEVI,M.D.,D.D.V.,
सहायक आचार्य/ASSISTANT PROFESSOR
ESIC Medical College & PGIM S.I.R.

Date & Time of Referral : 08-Oct-2024 11:22:08 AM

Name and Designation of the Referring Doctor
Ms. USHALAKSHMI S - Associate Professor

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

Date and Time:

. S. Selvi

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:

CALLED FOR SST

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time: 8/10/24

MEDICAL SUPERINTENDENT
E.S.I.C. HOSPITAL

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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