

BILLING CARD

Patient Name

IP No.

Room No.

Mrs.SANDHIYA
27/Female/MHC202475737
08/10/2024 1pC2024002801
Dr.VALLIAMMAL K
Dr.VALLIAMMAL K

Cash

D.O.A. 08/10/24 Time 02:49 pm

Rent Per Day 2900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	: 9/10/24	OT No.	: II
Surgeon	: Dr: vajliyamal	Start Time	: 7 AM
I Asst. Surgeon	: Dr: Dharani	End Time	: 7.40 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: Dr. Ravikumar	C-Arm	:
OT Nurse	: SN Kar	Arthroscopy	:
Name of Surgery	: LSCS	Laproscopey	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	:
		Others	: Inj: Fortwin ① Amp

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

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

8/10

CTG

①

due

2412595.

CBG

DATE

NUMBERS

DATE

NUMBERS

ABG

DATE

NUMBERS

DATE

ACT

NUMBER

Date

PHYSIOTHERAPY

10/10/24

Karthika - PT

NEBULIZER

DATE

NUMBERS

DATE

NUMBERS

OTHERS

DATE

NUMBERS

DATE

NUMBERS

Dressing

①

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 :	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	
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8/10/24 CBC, BT, CT, RBS - 2587

9/10/24	urine. Acetone, urine Sugar FBS, FBS - 2412596
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FINAL BILL		
Name : Mrs. SANDHIYA		
Age / Sex : 27/ FEMALE		IP Number : IPC2024002801
Doctor Name: DR.VALLIAMMAL .,MBBS.,DGO.,		D.O.A. : 08/10/2024
		D.O.D. : 12/10/2024
S.No	Description	Value
1	ADMINISTRATION CHARGES	1000
2	AC SINGLE ROOM CHARGES (2900* 4 DAYS)	11600
3	DMO CHARGES (500*4 DAYS)	2000
4	NURSING CHARGES (250*4 DAYS)	1000
5	LAB CHARGES	1176
6	BABY NURSING CHARGES (250*3 DAYS)	750
7	BABY LAB CHARGES	2210
8	CTG CHARGES	500
9	DRESSING CHARGES	500
10	PHYSIOTHERAPY CHARGES 1TimeS	500
11	VACCINATION CARD	80
12	WAMMER CHARGES	500
13	VACCINATION CHARGES	730
14	INJECTION CHARGES	160
15	OPERATION THEARTER CHARGES	10000
16	ASSISTANT CHARGES	5000
17	DRUGS CHARGES	18316
18	DR.VALLIAMMAL .,MBBS.,DGO.,	23000
19	DR.DHARANI.,MBBS.,DGO.,	5000
20	DR.RAVI KUMAR., MD., DA.,	6500
21	DR.HUMAYOON.,MD.,DCH.,	3500
22	DR.AJAY.,MS.,(ENT)	1500
23	DIETITIAN CHARGES	500
Total		96022
Rupees : Ninety Six Thousand and Twenty Two Only Rs.96,022/- Insurance department		

Medway JSP Hospitals
 No. 70, Kanchi High Road
 Chengalpattu - 603 002

96022
 - 50,000
 - 10,000

 36022

TB collect. 36022/-

f @MedwayHospitals @medwayhospitals in @medway-hospitals @medwayhospitals

94557 94557
 1000 572 3003

Medway Group of Hospitals

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Chengalpattu 044-27426829	Villupuram 04146-242000	Kumbakonam 044-2473 4455	Kakinada 0884-2333367
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E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

Medway Centre of Excellence (Chennai)

Heart Institute 044 - 4310 8959	Institute of Pulmonology 044-2473 4451
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MH/MGT/LH/202109/001



JSP Hospitals <jsp.insurancedesk@gmail.com>

Mrs. Sandhiya, payment UTR and Breakup details

1 message

Rajkumar R <rajkumar.r@gmoney.loans>

To: Chengalpattu Insurance <cglinsurance@medwayhospitals.com>, jsp.insurancedesk@gmail.com, Accounts Manager
Panchamurthy <panchamurthy.manageraccounts@medwayhospitals.com>, Account Vallikannu
<vallikannu.an@medwayhospitals.com>

Cc: Tamil Selvi <tamil.selvi@gmoney.loans>, Jeyanthi D Insurance <jeyanthi.d@medwayhospitals.com>

Sat, Oct 12, 2024 at 11:11 AM

Dear sir,

Forwarding the payment UTR and Breakup details for your Kind reference.
GMoney Approved Amount - 50000
GMoney paid Amount - 50000

Patient name : Mrs. Sandhiya
Patient UHID : MHC202475737
IP NUMBER : IPC2024002801

With Regards,
Rajkumar. R



2 attachments

Sanctioned Amount	Rs. 50,000
Advance EMI Amount	10,000
Interest Amount	Rs. 10,000
Part 1 Amount	Rs. 25,000
Subvention Amount	10,000
Subvention GST	1,000
Insured Amount	Rs. 23,230
Remaining Amount	Rs. 15,000
Part 2 Amount	Rs. 0
Transferred Amount	Rs. 15,000
Total Transfer Amount	Rs. 50,000

IMG-20241011-WA0047.jpg
73K

UTR	Date	Amount
037906631541	10-Oct-24 17:12	23,230
037921479181	11-Oct-24 17:41	23,230

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24K