ESI

CAG

MHI/DP/2022/104

BILLING CARD

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

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Mr.KABALI E (ESI)
55/Male/MHI202486294
10/10/2024/IP1I2024002403
Dr.K.JAISHANKAR /

Patient Name
IP No. _____
Room No. ___

D.O.A. 10/10/24 Time 11.48AM

Rent Per Day RL.

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
10/10/24	11.50	ADM	RL	
10/10/24		RL	CATHLAB.	
10/10/24	1.40pm	Cath lab	RL	

OPERATION THEATRE

Date	: 10/10/24	OT No.	: Cath lab
Surgeon	: Dr. JJ.	Start Time	: 1.05pm
I Asst. Surgeon	:	End Time	: 1.28pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	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 : ✓ 5766/- 20/10/24 RETURNS CHECKED :	T-11903/-

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

Admission Officer :	Sister In-charge

4347 SMO

(Form P-1)

UHID 6336630

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR CODE

Referral No	: Tamil2024052188		
Name of the Patient	: Mr. KABALI E	Insurance No/Staff/ Pensioner Card	: 5609938255
UAN of IP	:	Age/Gender	: 60 Years /Male
Address/Contact No	:	UHID	: HKKN 0000274157
Identification marks (if any)	:		
IP/Beneficiary/Staff	: IP		
Relationship with IP/Staff	: Self		
Entitled for Specialty Rx	: YES		
Entitled Super Specialty Rx	: YES		
Diagnosis	: ICD - Unstable angina - I20.0 Remarks :		
CGHS (Name and Code)*	: 601 - Coronary angiography - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto 18-Oct-2024		

डॉ. जी.कोथई/Dr. G.KOTHAI M.D. ... सह-प्राध्या./Associate Pr... सामान्य दवा/General Medic... क.रा.बी.नि. चिकित्सा महाविद्यालय ... E.S.I.C. Medical College & ... के.के. नगर, चेन्नई-78/K.K. Nagar, Chennai-...

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. जी.कोथाई/Dr. G.KOTHAI M.D., MRCP(UK) सह-प्राध्यापक/Associate Pr... सामान्य दवा/General Medi... क.रा.बी.नि. चिकित्सा महाविद्यालय ... E.S.I.C. Medical College & ... के.के. नगर, चेन्नई-78/K.K. Nagar, Chennai-600 078.

Date & Time of Referral : 08-Oct-2024 12:56:18 PM

Name and Designation of the Referring Doctor

Ms. KATHIRAVAN S - SENIOR RESIDENT

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

Date and Time 9/10/24

Zakebal

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:

Pranayakala J. Ramanathan 9/10/24

A. CAPARNA D.

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

9/10/24

MEDICAL SUPERINTENDENT
E.S.I.C. HOSPITAL : K.K. NAGAR,
CHENNAI-600 078.

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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08-10-2024