Ref Rajendra Chola Pandian

CM SCHEME

MVR

Discharge on 11/10/24

MHI/DP/2022/104

BILLING CARD

SAFETY FIRST

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

Medway Heart Institute
Where heart beat never stops...

Mrs.NAGAMMAL K (CM SCHEME
53/Female/MHI202485986
07/10/2024/IP1102400237O
Dr.RAJESH.V

Patient Name _____

IP No. _____

D.O.A. 7/10/24 Time 12.00pm

Room No. _____

Rent Per Day G/W

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
7/10/24	12-45	ADMISSION	IInd Floor GW-I	
8/10/24	7.40	IInd Floor	CTOT	
8/10/24	15:53	CTOT	SICU	
11/10/24	10.30	SICU	105-A	

OPERATION THEATRE

Date	: 08/10/2024	OT No.	: CTOT-II
Surgeon	: DR.KAILASH.A.JAIN	Start Time	: 8:50
I Asst. Surgeon	: DR.GHAYOOR	End Time	: 15:53.
II Asst. Surgeon	: PA:SARITHA	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: USED
Anaesthetist	: DR-SHARMA	C-Arm	: -
OT Nurse	: MALA	Arthroscopy	: -
Name of Surgery	: MVR(OPEN HEART)	Laproscopy	: -
MAN-MAN SAW DRILL USED		Sevoflurane / Isoflurane	: 3HRS
ETOTHING, 1000 TO BE CHARGED		Inj. Fentanyl	: 2ml 10ml/inj. monphi: -
Arterial filters, 4 nos to be charged		Others	29mm MITOWIA MITRAL MECHANICAL VALVE

MONITOR

Date	Start	Date	Disconnect
8/10/24	15:55	10/10/24	22:00

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
8/10/24	15:55	10/10/24	11:00

SYRINGE PUMP

Date	Start	Date	Disconnect
8/10/24	15:55	10/10/24	10:00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
8/10/24	15:55	9/10/24	7.50

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
7/10/24	PT-INR (3176)
9/10/24	TC, UREA, CREATININE, PT-INR (13239)
9/10/24	HAEMOGLOBIN (13245)
9/10/24	Blood C/S (1 SET), Procalcitonin (13277)
11/10/24	PT-INR (13259) WBC (13254)
12/10/24	Hb, UREA, CREAT, NA+, K+ (13286) TC (13284)
14/10/24	PT-INR (13239)

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

7/10/24	ECG (13178)		
8/10/24	CXR-AP-B/S (13211)		
8/10/24	ECG (13213)		
9/10/24	ECHO (13239)		
9/10/24	CXR AP (13262)		
10/10/24	X-RAY, ECG (3340)		
14/10/24	ECHO (3440)		

CBG

DATE	NUMBERS	DATE	NUMBERS
7/10/24	1 (3450)		
8/10/24	1 (13211)		
8/10/24	1 (13211)		
9/10/24	1 (13258)		
9/10/24	1 (13285)		
10/10/24	2 (13323)		

ABG

DATE	NUMBERS	DATE	NUMBERS
8/10/24 OT	(13210) 1	8/10/24 OT	5 (13210)
8/10/24	1 (13211)		
9/10/24	2 (13239)		
9/10/24	1 (13245)		
9/10/24	1 (13251)		
9/10/24	1 (13285)		
10/10/24	2 (13323)		

ACT

DATE	NUMBERS
8/10/24 OT	5 (13210)

PHYSIOTHERAPY

Date	
09/10/24	5:50 / 9:00 / 16.00 / 22:15
10/10/24	6:30 / 9:00
11/10/24	10:00 / 18.00
12/10/24	11.30 / 16.15
13/10/24	11.45 / 17.00
14/10/24	11:00

NEB. DUOLIN NEBULIZER / NEB. FLOHALF / NEB. MUCOLITE / OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
8/10/24	1	8/10/24	1+	8/10/24	1+	14/10/24	OT
9/10/24	1+1	9/10/24	1+1	9/10/24	1+1+1		
10/10/24	1+1+1	10/10/24	1+1	10/10/24	1+1+1		
11/10/24	1+1	11/10/24	1+1	11/10/24	1+1+1		
12/10/24	1+1+1	12/10/24	1+1+1	12/10/24	1+1+1		
13/10/24	1+1+1	13/10/24	1+1+	13/10/24	1+1+1		
14/10/24	1+1	14/10/24	1+	14/10/24	1+		

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Jaikesh.	7/10/24	8/10/24	9/10/24	10/10/24	11/10/24	12/10/24	13/10/24
DR. PURUSHOTHAMAN (Anaesthetic)	7/10/24	—	—	—	—	—	—
DR. ANANDH (Neuro)	9/10/24	12/10/24	—	—	—	—	—
DR KAILASH JAIN	14/10/24	—	—	—	—	—	—
DR. Rajesh.	7/10/24	14/10/24	—	—	—	—	—
Ms. Keerthana. S (Dietitian)	7/10/24	8/10/24	11/10/24	12/10/24	14/10/24	—	—

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 150819 / Sam Th 14/10/2024 BILL CLEARED : RETURNS CHECKED :	CM0025 - Valve replacement OTP-97,309 mechanical valve 136500 26/10/24

CROSS MATCHING :

RESERVATION PF BLOOD : 4 (1) PCV Reservation done (7/10/24)

STERILE TRAY USED : SR. Tray (1) used

TRANFUSION (BLOOD) 1 (1) PRBC TRANSFUSED ON 9/10/24

ATTENDER'S HOLDING :

OTHER PROCDURES : 2D TEE PROBE

Admission Officer : S. VIGNESH

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
08/10/2024	**AUC/WS673 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	MILTONIA MITRAL 29MM	1	30049099	M25MLTA80087	06/27	1	0	5 %	2100.40	42008.00	44108.40	42008.00

ITEMS : 1 QTY : 1 BASE : 42008.00 SGST : 1050.20 CGST : 1050.20 GST : 2100.40 Goods Value: 42008.00

Category	Gross	CGST	SGST	Amount	P(Disc)	DB	
5 %	42008.00	1050.20	1050.20	44108.40		CR	
						CD 0.00	0.00
					Rounded Net Amount		**44108.00**
					AXIS A/C : 922030011606851 IFSC : UTIB0001165		

Amount In Words : Forty Four Thousand One Hundred Eight Rupees Only
Chq in Favour of AUCTUS LABS PVT LTD
Remarks : P.N-NAGAMMAL-IP-2024002370-DR.RAJESH
Customer Outstanding: **128001939.00**

User Name
HARI

For AUCTUS LABS PRIVATE LIMITED

AUTHORIZED SIGNATORY

Tel. No.:
Fax No.:
Email :

AUTHORIZAION LETTER

Date	07/10/2024 3:14PM	**Fax No.**	**Reg No.**
To	Medway Hospital, Chennai TN.	**Policy No./Card No.**	333045692037
		Payer/TPA ID Card No.	013302500300338000 2921
Authorization No.	13H_2257565015042-1	**Name of the Patient**	NAGAMMAL.K
		Age: 53 Years	**Sex:** Female
Date of Admission	07/10/2024 10:0 AM		
Provisional Diagnosis	Breathlessness		
Authorization			
Authorised Limit	136500.00		
Authorised Limit (In Words)	One Hundred Thirty Six Thousand, Five Hundred Only		
Previous Authorised Limit			
Remarks	CLAIMS WILL BE SETTLED IN ACCORDANCE WITH THE TREATMENT GIVEN /SURGERY DONE....		

Instruction to Hospitals:

1. This Authorization letter is issued that the information given in the pre-authorization is correct. Any information hidden/wrongly given regarding pre-existing disease will make this authorization null and void.
2. This Authorization is binding on the insurance policy terms, limitations and conditions.
3. Disclaimer : The cashless access given to network hospital is merely a facility extended by Payer. Payer does not guarantee the availability, quality and out come of treatment.
   * Denial is in no way to be construed as denial of treatment, only cashless access is denied.
4. If amount exceeds authorization amount Payer approvals has been obtained for enhancement. Payer will be pleased to confirm on Insurance policy limits and conditions.

This is a Computer Generated Statement So No Signature is Required.

Note : Please quote our Authorization Number in all the correspondence and bills.