

98511626

ESTIMATION SLIP

Dr. S. S. S. S. S.



Date: 5/16/2026 UHID / IP No.: H124 - 00004021 SI No. **4139**
 Name of Patient: Maita. Chetan. Paddy. Velukkumb Age: _____ Gender: _____
 Father's / Husband's Name: Chetan. Paddy. Velukkumb Corporate / Occupation: _____
 Address: Gandhinagar Phone: 985116576 Email: _____
 Procedure / Plan: Hydracoele Dos: _____
 MODE OF PAYMENT: SELF TPA: _____ GIPSA: _____ OTHER

TARIFF INFORMATION :

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day)	Room Rent & Nursing Charges									
	Doctor's Fee									
	L. Tax									
PARTICULARS					AMOUNT (₹)					
Surgeon's / Anesthetists's Fee / O.T. Charges					50,000/-					
O.T. Consumables					1 days					
Instrument Charges					Not Covered by TPA / Insurance company					
Pharmacy, Consumables & Investigations					As per actual - Not Included in Estimation					
Equipment Charges	Monitor :		Oxygen :			Infusion pump / Syringe pump :				
	Ventilator :	Conventional :	HFO-SLE 5000:			HFOSensormedix :				
	Photo therapy :	Single Surface :	Double surface			Triple Surface				
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.					As per actual - Not Included in Estimation					
Packages					1 Non Med/ cals					
Others										
Initial Minimum Deposit					5000/- advance					

REMARKS

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to Surgeon's decisions/Complications/Patient's requirements/Modes of Procedure (like Laparoscopy, Thoroscope, etc)/Unilateral to Bilateral Procedure,
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category
- Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA Insurance Company at later stage.
- For Non-Medicals, Disposables, Consumables, Infusion pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of OT(8:00 PM to 6:00 AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this if not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6pm. 8. Difference, if any between the final bill amount and amount permitted/approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUS Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I _____ have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of the after discharge time I promise to settle the claim with the hospital

Signature of the Client: _____ Signatory Relationship: _____ Signature of the financial Counselor: _____

HNH-00004021 IP26-00006565
Master CHETAN REDDY
24-03-2023 3 Y 2 M 19 D (M)
Dr. SWAPNA PALAKURTHY



SURGERY DETAILS

Date : 12/06/26

Patient Name: Master Chetan Reddy Date of Birth: 24-03-2023 Age: 3y

Gender: Male Ward: OT UHID No.: HNH-00004021

Date of Surgery: 12/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : (RT) open High ligation of sc.

Time in : 8:35 AM

Time Out : 9:35 AM

NAME

AMOUNT

- | | | |
|----------------------|----------------------------|-------|
| 1. Surgeon | : Dr. Swapna Palakurthy | |
| 2. Anaesthetist | : Dr. Shabna | |
| 3. Assistant Surgeon | : | |
| 4. OT Technician | : Sr. Pallavi | |
| 5. Circulating Nurse | : Sr. Sushela | |
| 6. Assistant Nurse | : Sr. Archana, Sr. Natasha | |

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others


Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-0000206154

Order by: Sushela 12/6/26

@ 9:58 AM

MNH-00004021 IP26-00006565
 Master CHETAN REDDY
 24-03-2023 3 Y 2 M 19 D (M)
 Dr. SWAPNA PALAKURTHY



CONSUMABLES OF OT

Circulating Staff: _____ Technician: _____ Date: _____ Time: _____

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <i>General</i>		✓	Inj Vit.K		
LMA			Sutures <i>9.915</i>		✓	Cord Clamp		
ECG leads : A / P / N	✓	03	<i>2305</i>		✓	Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc	✓	04				Vaccum Suction Set		
05 cc	✓	04	Gloves <i>5.9 8 1/2</i>		✓	Surgical Gloves		
02 cc	✓	04	<i>Endo 6, 8 1/2</i>		✓	Gauze Pack		
01 cc	✓					Syringe 1ml / 2ml		
Cautery plate : A / P / N	✓	01	Surgical blade <i>15</i>		✓	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil		✓			
NS : 10ml / 100ml / 500ml / 1000ml	✓	01	Koochies <i>Soframycin oint</i>		✓			
<i>Propofol</i>	✓	02	Ointments <i>Soframycin</i>		✓			
<i>PCM</i>	✓	01	Suction Catheter		✓			
Fentanyl		01	Cap, Mask		✓			
Morphine			Gauze Pack <i>10x10, 7.5x7.5</i>		✓			
Ketamine			Mop Pack		✓			
Propofol			Steristrip					
Rocuronium			Underpad		✓			
Glycopyrolate	✓	01	Draw sheet					
Myopyrolate			Abgel					
Ondansetron <i>Nugen</i>	✓	01	Foleys catheter					
Pencan 25g/ Spinal Needle 22	✓	01	Urobag					
Bupivacaine 0.25%	✓	01	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)	✓	01	Romodrain bag					
Antibiotics			Bandage					
<i>Capnography CP</i>	✓	01	Tegaderm <i>8582 cap</i>		✓			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		✓			
Justin : 12.5 mg / 25mg / 100mg	✓	01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		12			
<i>Taxim 1gm</i>		01	Microshield		4			
			Cotton Balls		4			
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon: _____ Anaesthesiologist: _____ Nurse: _____ OT Technician: _____
 Order No.: *26-0000206165/164* Ordered by: *Sandya 6/6/26 @ 11:17 Am*
 Doc. No.: RCH / FRM / GENERAL / 125



ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00004021 Name : Master CHETAN REDDY VELUTHURLA
 Age / Sex : 3 Y 2 M 19 D / Male Doctor : SWAPNA PALAKURTHY
 Adm/Reg Date/Time : 12/06/2026 06:18 Payor : MEDI ASSIST INSURANCE TPA PVT LTD
 Order Date : 12/06/2026 10:50 Ordernumber : 26-0000206164
 Visit ID : IP26-00006565 Ward/Bed No : 4F -OT / PRE/POST-420
 Patient Address : h no 201 uday aditya apts kavadiguda gandhinagar, Kavadi Guda, Hyderabad, Telangana, INDIA, 500080

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	MCT-ROF 100MG 10ML		1 Nos	Injection / Once Daily	1 Days		2 Nos	Dispensed
2	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
4	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
7	VICRYL RAPIDE 5-0 0915W	VICRYL RAPIDE-0915W	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
9	GENERAL SURGICAL KIT (MEDITAKE)	GENERAL SURGICAL KIT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
10	THEMPYRRNOM 0.2MG INJ		1 Nos	Injection / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
11	TEGADERM WITH PAD 5X7CMS (3582)(8582)	TEGADERM 6582	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	NS 100ML ACCULIFE - EH		1 mL	External / 1-2 TIMES A DAY	1 Days		1 mL	Dispensed
13	SPINAL NEEDLE PED 22 G (VYGON-5183.57)	SPINAL NEEDLE 22G	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
15	SURGICAL BLADE 15	SURGICAL BLADE 15	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	VICRYL 4-0 NW 2305	VICRYL 4-0 NW 2305	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
17	NITRILE EXAMINATION GLOVES P F - MEDIUM	NITRILE GLOVES M	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
18	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
19	SOFRAMYCIN OINT 1 30 GM		1 On Application	/ Once Daily	1 Days		1 Nos	Dispensed
20	BUPICAINE INJ VIAL 0.25% 20ML		1 Nos	Injection / 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
21	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		5 Nos	Dispensed
22	E.C.G ELECTRODES (PAED)	ELECTRODES PED	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
23	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	Injection / Once Daily	1 Days		1 Nos	Dispensed
24	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
25	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
26	JUSTIN SUPPOSITORIES 12 5 MG 5 S		1 Nos	Rectal / Once Daily	1 Days		1 Nos	Dispensed
27	OXYGEN NASEL CANNULA (PEAD)	OXYGEN NASAL CANNULA PED	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
28	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	4 Days		4 Nos	Dispensed
29	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
30	ONDOKIND INJ 4 MG 2 ML	ONDANSETRON 4MG 2ML INJ	1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed

SWAPNA PALAKURTHY

* This document is just for reference purpose only. Not to be considered as primary report.

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

