Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ESTIMATION SLIP

Date : 24-7-26 **UHID / IP No. :** HNH-0001659 **Sl No.** 1743

Name of Patient : Swathi Reddy **Age:** 26y **Gender:** F

Father's / Husband's Name : Hari Shankar **Corporate / Occupation :**

Address : **Phone :** 9010645666. 9705890529. **Email :** 9910098451 →

Procedure / Plan : **EDD/Dos:** 2-8-26

MODE OF PAYMENT : ☐ SELF ☐ TPA : ☐ GIPSA : ☐ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS (3 days)
Multi Shared Ward		
Shared Ward	→	~~90k~~ 90k
Twin Shared Ward		1.10k (1.75) k
Private Room	90k / 1.10k	1.15k (1.55) k
Super Deluxe Room		
Suite Room		Consumable + Pharmacy 15k 20k
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for :	Length of Stay for : 3 Days
	Pharmacy up to	Pharmacy up to 12,000/-
	Investigations up to	Investigations up to 3,000/- (NST, CBP)
Others		

Neonatologist Charges : ☐ Covered ☐ Not Covered **Epidural / Entonox :** ☐ Covered ☐ Not Covered

Initial Minimum Deposit : 80% Advance

REMARKS :

1. Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. 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 at later stage.
3. **Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.**
4. In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
5. **For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.**
6. Difference if any between the final bill amount and amount permitted/approved by 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.
7. Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
8. Tariffs are subject to revision
9. Kindly check your billing status on day to day basis at IP Billing Department.
10. Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

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 time I promise to settle the hospital bill with the hospital without any ambiguity.

Signature of the Client	Signatory Relationship	Signature of the financial Counselor
	Husband	Ashwini.

Dr. Swapna Sowmithral

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ESTIMATION SLIP

Date : 25/12/2026 **UHID / IP No. :** HNH-0001609 **Sl No.** 1343

Name of Patient : Swathi Balaki **Age:** 36 **Gender:** F

Father's / Husband's Name : Nani Sheriwa **Corporate / Occupation :**

Address : LB Nagar **Phone :** 9910086511 **Email :**

Procedure / Plan : LSCS After 1 day observation **EDD/Dos:**

MODE OF PAYMENT : ☑ SELF ☐ TPA : _____ ☐ GIPSA : _____ OTHER

TARIFF INFORMATION : Observation Bill – 35631.40.

Particulars	Package Amounts (Rs.)	
Room Category	**Normal Delivery**	**LSCS**
Multi Shared Ward		
Shared Ward	→	90,000/-
Twin Shared Ward		
Private Room	Pharmacy extra	12,000. Included Babies.
Super Deluxe Room		
Suite Room		
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges 3 days,
	Length of Stay for :	Length of Stay for :
	Pharmacy up to	Pharmacy up to 12,000 Diapers extra.
	Investigations up to	Investigations up to
Others	Extra Charges for Poop around enema to Father.	

Neonatologist Charges : ☐ Covered ☐ Not Covered **Epidural / Entonox :** ☐ Covered ☐ Not Covered

Initial Minimum Deposit : _____

REMARKS :

1. Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. 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 at later stage.
3. **Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.**
4. In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
5. **For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.**
6. Difference if any between the final bill amount and amount permitted/approved by 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.
7. Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
8. Tariffs are subject to revision
9. Kindly check your billing status on day to day basis at IP Billing Department.
10. Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

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Signature of the Client | Signatory Relationship | Signature of the financial Counselor

HNH-00016509 IP26-00006941
Mrs SWATHI BAKKI
26-12-1989 36 Y 6 M 29 D (F)
Dr. SWAPNA SAMUDRALA

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SURGERY DETAILS

Date : 25/7/26

Patient Name: Mrs. Swathi Date of Birth: 26-12-1989 Age: 36y

Gender: female Ward : OT-2 UHID No.: HNH-00016509

Date of Surgery: 25/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS.

Time in : 12:55PM Time Out : 2:40PM

		NAME	AMOUNT
1.	Surgeon	Dr. Swapna	
2.	Anaesthetist	Dr. Samir / Dr. Veenitha	
3.	Assistant Surgeon	Dr. Ramya Thya / Dr. Naveen	
4.	OT Technician	Dr. Pallavi	
5.	Circulating Nurse	Sr Karuna	
6.	Assistant Nurse	Sr. Sushely / Sr Natasha	

Mrs SWATHI BAKKI (36 Y 6 M 29 D/ F)
TISSUE LBPA0445
HN26012568020

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

for Dr. Swapna.
Signature of the Surgeon

Karuna
Signature of Circulating Nurse

Order No: 26-000021688879/885 Order by: Sangeetha

Docu. No. : RCH /FRM / GENERAL / 114

HNH-00016509 IP26-00006941
Mrs SWATHI BAKKI
26-12-1989 36 Y 6 M 29 D (F)
Dr. SWAPNA SAMUDRALA

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CONSUMABLES OF OT

Circulating staff : ..... Technician : pallavi, laxmi Date : 25/7/26 Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack General		01	Inj Vit.K		01
LMA			Sutures 2346, 1326	03+1		Cord Clamp		01
ECG leads : A / P / N		05	4242, 2364	1+1		Suction Catheter 6no		0
HME filter : A / P / N						Feeding Tube 6no		01
Syringes : 10 cc		03				Vaccum Suction Set		01
05 cc		03	Gloves 6, 6, 7	03+2+1		Surgical Gloves 6, 6.5 2+2=4		
02 cc		03	encore 6, 6½	01+02		Gauze Pack 7.5		02
01 cc		01				Syringe 1ml / 2ml		03
Cautery plate : A / P / N		01	Surgical blade 2200		01	Surgical Blade # 20		01
IV set		01	NG tube			Koochies (S)		
RL		03	Cautery pencil		01	E.T 3.0		01
NS : 10ml / 100ml / 500ml / 1000ml		1	Koochies 2x2		01	24G Introcan		01
Midaz		01	Ointments			deoderm		01
oxytocine		04	Suction Catheter			5cc		02
Fentanyl		01	Cap, Mask	10+10		Dwater		03
~~Morphine~~ Tramera 1gm		02	Gauze Pack 7.5		02	1610 tegaderm		01
Ketamine			Mop Pack		02			
Propofol			Steristrip			26-00002169440		
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%		01	Chest Drainage Catheter					
Anaesthesia ~~Bupivacaine 0.25%~~(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Encore 6.5		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet Apron		4			
Tab. Misoprost : 200mg		02	Betadine Solution		02			
Gauze 10x10		01	Microshield		02			
venflon 20G, 18G		01	Cotton Balls		01			
bone patch 2"		02	Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No 26-00002169440/944 Ordered by : Sangeetha

Doc. No. : RCH / FRM / GENERAL / 125

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad , Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00016509	**Name**	Mrs SWATHI BAKKI
Age / Sex	: 36 Y 6 M 29 D / Female	**Doctor**	SWAPNA SAMUDRALA
Adm/Reg Date/Time	24/07/2026 17:53	**Payor**	SELFPAY
Order Date	25/07/2026 18:36	**Ordernumber**	26-0000216941
Visit ID	IP26-00006941	**Ward/Bed No**	4F -OT / PDA-412
Patient Address	b-7 f-15, baghlingampally, hyd, Bagh Lingampally, Hyderabad Telangana, INDIA, 500044		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	VICRYL 1-0 VP 2345	VICRYL 1-0 VP 2345	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
2	DSYRINGE 5ML(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
3	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
4	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X30 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
6	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	MEZOLAM INJ 5 MG 5 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
9	NS 100ML ACCULIFE - EH	NORMALSALINE 0.9% SODIUMCHLORIDE100M L CLO	1 mL	/ Once Daily	1 Days		1 mL	Dispensed
10	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
11	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	FACE MASK 3 LAY-R - ELASTIC	FACE MASK 3 LAYER	* Nos	External / Once Daily	1 Days		10 Nos	Dispensed
14	ANAWIN HEAVY 5 MG INJ 4 ML		* Vial	External / Once Daily	1 Days		1 Vial	Dispensed
15	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
17	VENFLON I -20G	IV CANULLA 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	ANAWIN INJ VIAL 0.25% 20 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
19	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		4 Vial	Dispensed
20	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		5 Tabs	Dispensed
21	ADGEL SURGI PAD (BIO) (GELSPON)	ADGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
23	BIOXAMIC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		2 Ampule	Dispensed
24	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
25	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
26	GENERAL SURGERY KIT SAFE SECURE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
27	Encore Micropic gloves-6.5		1 Nos	/ Once Daily	1 Days		3 Nos	Dispensed
28	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
29	UNDER PAD 60X90 10's Pack - MEDICURE		* Nos	External / 10 AM	1 Days		2 Nos	Dispensed
30	E.C.G ELECTRODES (ADULT)	ELEC*RODES ADUL	* Nos	External / Once Daily	1 Days		3 Nos	Dispensed
31	LOX-LIDOCAIN-SPER PATCH 2S		1 Nos	External / 2nd Hourly	1 Days		2 Nos	Dispensed
32	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
33	ENCORE MICROPTIC GLOVES-6 PF		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

* 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.**

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016509	**Name**	: Mrs SWATHI BAKKI
Age / Sex	: 36 Y 6 M 29 D / Female	**Doctor**	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 24/07/2026 17:53	**Payor**	: SELFPAY
Order Date	: 25/07/2026 18:36	**Ordernumber**	: 26-0000216940
Visit ID	: IP26-00006941	**Ward/Bed No**	: 4F -OT / PDA-412
Patient Address	: b-7,f-15, baghlingampally, hyd, Bagh Lingampally, Hyderabad, Telangana, INDIA, 500044		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Ordered
2	SURGEON CAP FEMALE SAFE SECURE		1 Nos	External / 10 AM	1 Days		10 Nos	Ordered
3	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
4	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
5	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
6	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	3 Days		3 Bottle	Ordered
7	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
8	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
9	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
10	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
11	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
12	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Ordered

SWAPNA SAMUDRALA

Reg No : 69924

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016823	Name	Baby Of SWATHI BAKKI
Age / Sex	: 0 Y 0 M 0 D 5 H / Female	Doctor	S TEJASWI REDDY
Adm/Reg Date/Time	: 25/07/2026 14:33	Payor	SELFPAY
Order Date	: 25/07/2026 18:44	Ordernumber	: 26-0000216944
Visit ID	: IP26-00006950	Ward/Bed No	. 4F -NICU 2 / NICU2-406
Patient Address	: b-7,f-15, baghlingampally, hyd, Bagh Lingampally, Hyderabad, Telangana, INDIA, 500044		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
2	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
3	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
4	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
5	TEGADERM (PEAD) 1610	TEGADERM PEAD 1610	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	ET TUBE - 3.0 CUFFED (KIMBERLY CLARK)	ET TUBE CUFFED 3.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	INTROCAN 24G	IV CANULLA 24	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	SUCTION CATHETER 6 ROMSONS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		3 Bottle	Dispensed
10	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
11	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	INFANT FEEDING TUBE-6	INFANT FEEDING TUBE 6	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	DUODERM EXTRA THIN 10X10 CM(187955)	HYDROCOL THIN EXTRA 10X10	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
15	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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