

VIH-00143237 IP5-00176218  
Master GURRAPU ANISH  
25-05-2021 5 Y 1 M 15 D (M)  
Dr. P V L N MURTHY



SmithNephew  
EVAC 70 XTRA HP  
WITH INTEGRATED CABLE  
REF EIC5874-01  
LOT 2203235  
2028-11-06

Rainbow  
Children's  
Hospital  
It takes a lot to treat the little.

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## SURGERY DETAILS

Date : 10/7/26

Patient Name: Maaten Anish Date of Birth: 25-05-2021 Age: 5y

Gender: male Ward: OT UHID No: VIH-00143237

Date of Surgery: 10/7/26 ☒ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Revision Adenoidectomy + Tonsillectomy +  
Coblation + BIC tracheoplasty + (RP) FESS

Time in : 5.50 pm

Time Out : 6.50 pm

### NAME

### AMOUNT

|                      |                  |  |
|----------------------|------------------|--|
| 1. Surgeon           | : P V L N MURTHY |  |
| 2. Anaesthetist      | : Dr. Dunga      |  |
| 3. Assistant Surgeon | :                |  |
| 4. OT Technician     | : Venkat         |  |
| 5. Circulating Nurse | : Sugata         |  |
| 6. Assistant Nurse   | : Suman          |  |



Special Equipment: ☐ Laparoscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator  
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa  
☐ Neuro Cusa ☐ Others Coblator used 9696455

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9696455 / 948

Order by: Benjamin





*Ades*

# CONSUMABLES OF OT

Circulating staff : ..... Technician : ..... Date : *16/7/26* Time : *3:30 PM*

| Anaesthesia Disposables            | Qty       |           | Surgical Disposables         | Qty        |            | Disposables (Baby Side)  | Qty          |           |
|------------------------------------|-----------|-----------|------------------------------|------------|------------|--------------------------|--------------|-----------|
|                                    | Issued    | Used      |                              | Issued     | Used       |                          | Issued       | Used      |
| ET tube <i>5-55</i>                | <i>41</i> | <i>01</i> | Major Pack <i>Drape</i>      | <i>1</i>   | <i>1</i>   | Inj Vit.K                |              |           |
| LMA <i>2</i>                       | <i>01</i> | <i>—</i>  | Sutures                      |            |            | Cord Clamp               |              |           |
| ECG leads : A <i>(P) N</i>         | <i>5</i>  | <i>3</i>  |                              |            |            | Suction Catheter         |              |           |
| HME filter : A <i>(P) N</i>        | <i>01</i> | <i>01</i> |                              |            |            | Feeding Tube             |              |           |
| Syringes : 10 cc                   | <i>10</i> | <i>5</i>  |                              |            |            | Vacuum Suction Set       |              |           |
| 05 cc                              | <i>10</i> | <i>5</i>  | Gloves                       |            |            | Surgical Gloves          |              |           |
| 02 cc                              | <i>10</i> | <i>2</i>  | <i>6.6 1/2 2 1/2 1 1/2</i>   | <i>42</i>  | <i>1</i>   | Gauze Pack               |              |           |
| 01 cc                              |           | <i>—</i>  | <i>per 6 1/2 2 1/2 1 1/2</i> | <i>2+1</i> |            | Syringe 1ml / 2ml        |              |           |
| Cautery plate : A <i>(P) N</i>     | <i>01</i> | <i>—</i>  | Surgical blade               |            |            | Surgical Blade # 20      |              |           |
| IV set                             | <i>01</i> | <i>01</i> | NG tube <i>6</i>             | <i>2</i>   | <i>2</i>   | Koochies (S)             |              |           |
| RL                                 | <i>0</i>  | <i>01</i> | Cautery pencil               |            |            | <i>NS spinal</i>         | <i>1</i>     | <i>1</i>  |
| NS : 10ml / 100ml / 500ml / 1000ml | <i>14</i> | <i>14</i> | Koochies                     |            |            | <i>Transducer</i>        | <i>1</i>     | <i>1</i>  |
| <i>ml spike</i>                    | <i>02</i> | <i>01</i> | Ointments                    |            |            | <i>occlusive gel</i>     | <i>2+2+1</i> |           |
| <i>gum</i>                         | <i>03</i> | <i>01</i> | Suction Catheter             |            |            | <i>suction</i>           | <i>1</i>     | <i>1</i>  |
| Fentanyl                           | <i>01</i> | <i>01</i> | Cap, Mask                    | <i>15</i>  | <i>5/5</i> | <i>Bag, Ahalin</i>       | <i>3</i>     | <i>3</i>  |
| Morphine                           |           |           | Gauze Pack                   | <i>15</i>  | <i>2+1</i> | <i>Safe guard vel</i>    | <i>1</i>     | <i>1</i>  |
| Ketamine                           |           |           | Mop Pack                     | <i>1</i>   | <i>1</i>   |                          |              |           |
| Propofol                           | <i>03</i> | <i>01</i> | Steristrip                   |            |            |                          |              |           |
| Rocuronium                         | <i>01</i> | <i>01</i> | Underpad                     | <i>1</i>   | <i>1</i>   |                          |              |           |
| Glycopyrolate                      | <i>01</i> | <i>01</i> | Draw sheet                   | <i>1</i>   | <i>1</i>   |                          |              |           |
| Myopyrolate <i>1000</i>            | <i>01</i> | <i>02</i> | Abgel                        |            |            | <i>nicker</i>            | <i>01</i>    | <i>01</i> |
| Ondansetron                        | <i>01</i> | <i>—</i>  | Foleys catheter              |            |            | <i>Nosed</i>             | <i>APRUG</i> |           |
| Pencan 25g/ Spinal Needle 22       |           |           | Urobag                       |            |            | <i>20122</i>             | <i>41</i>    | <i>—</i>  |
| Bupivacaine 0.25%                  | <i>01</i> | <i>—</i>  | Chest Drainage Catheter      |            |            | <i>oral</i>              | <i>APRUG</i> |           |
| Bupivacaine 0.25%(Heavy)           |           |           | Romodrain bag                |            |            | <i>1.2</i>               | <i>41</i>    | <i>—</i>  |
| Antibiotics <i>agnesu 600mg</i>    | <i>01</i> | <i>01</i> | Bandage                      |            |            | <i>iv cannula 22, 24</i> | <i>14</i>    | <i>1</i>  |
| <i>1.2 gm</i>                      | <i>01</i> | <i>—</i>  | Tegaderm                     |            |            | <i>metaprolol</i>        | <i>01</i>    | <i>01</i> |
| Suppositories                      |           |           | Ioban                        |            |            |                          |              |           |
| Anamol : 80mg / 250mg / 170 mg     |           |           | Double J Stent               |            |            |                          |              |           |
| Supridol : 100mg                   |           |           | Vacuum Suction set           | <i>1</i>   | <i>1</i>   |                          |              |           |
| Justin : 12.5mg / 25mg / 100mg     | <i>14</i> | <i>01</i> | Plastic Bed Sheet            | <i>1</i>   | <i>—</i>   |                          |              |           |
| Tab. Misoprost : 200mg             |           |           | Betadine Solution            | <i>1</i>   | <i>—</i>   |                          |              |           |
| <i>valam set</i>                   | <i>01</i> | <i>01</i> | Microshield                  | <i>1</i>   | <i>—</i>   |                          |              |           |
| <i>Dex + Desmick</i>               | <i>14</i> | <i>01</i> | Cotton Balls                 | <i>1</i>   | <i>—</i>   |                          |              |           |
| <i>transderm from</i>              | <i>14</i> | <i>14</i> | Latex Gloves                 | <i>1</i>   | <i>16</i>  |                          |              |           |
| <i>Gloves + clove</i>              | <i>54</i> | <i>—</i>  | Ramdone Scrub                |            |            |                          |              |           |
| <i>100m + 100m</i>                 | <i>41</i> | <i>01</i> | Saral                        |            |            |                          |              |           |

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : *9/46756*

Ordered by : *[Signature]*

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



# ESTIMATION SLIP

(Through WhatsApp App.)  
80867

Date: 23/06/2026 UHID / IP No.: VHH-00143237 SI No.

Name of Patient: Mr. Guergui Anish Age: 54 Gender: M

Father's / Husband's Name: Mr. Mohender Reddy Corporate / Occupation:

Address: Phone: 9533771323 Email:

Procedure / Plan: Revisio Adenoidectomy + Tonsillectomy + Cebulation.

MODE OF PAYMENT: ☒ SELF ☐ TPA: ☐ GIPSA: ☐ OTHERS

## TARIFF INFORMATION:

| ROOM CATEGORY                                                                      |                             | GW               | SW | TSW                                        | PR                                             | DLX                            | SDLX | NICU              | PICU | MICU  | DAY CARE |
|------------------------------------------------------------------------------------|-----------------------------|------------------|----|--------------------------------------------|------------------------------------------------|--------------------------------|------|-------------------|------|-------|----------|
| Per Day)                                                                           | Room Rent & Nursing Charges |                  |    |                                            |                                                |                                |      |                   |      |       |          |
|                                                                                    | Doctor's Fee                |                  |    |                                            | 21850                                          |                                |      |                   |      |       |          |
|                                                                                    | L. Tax                      |                  |    |                                            | padding                                        |                                |      |                   |      |       |          |
| PARTICULARS                                                                        |                             |                  |    | AMOUNT (₹)                                 |                                                |                                |      |                   |      |       |          |
| Surgeon's / Anesthetists's Fee / O.T. Charges                                      |                             |                  |    | 21850                                      | SE-ACC                                         |                                |      | AF+ADF            |      | +DT   |          |
| O.T. Consumables                                                                   |                             |                  |    | 7500                                       | 87351                                          |                                |      | 31766             |      | 63528 |          |
| Instrument Charges                                                                 |                             |                  |    | 7500 + 13,000                              | Subject to approval by TPA / Insurance Company |                                |      |                   |      |       |          |
| Pharmacy, Consumables & Investigations                                             |                             |                  |    | As per actual                              | Not Covered by TPA / Insurance company         |                                |      |                   |      |       |          |
| Equipment Charges                                                                  |                             |                  |    | As per actual - Not Included in Estimation |                                                |                                |      |                   |      |       |          |
| Monitor :                                                                          |                             | Oxygen :         |    |                                            |                                                | Infusion pump / Syringe pump : |      |                   |      |       |          |
| Ventilator :                                                                       |                             | Conventional :   |    |                                            |                                                | HFO-SLE 5000 :                 |      | HFO Sensormedix : |      |       |          |
| Phototherapy :                                                                     |                             | Single Surface : |    |                                            |                                                | Double Surface :               |      | Triple Surface :  |      |       |          |
| Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc. |                             |                  |    | As per actual - Not Included in Estimation |                                                |                                |      |                   |      |       |          |
| Package                                                                            |                             |                  |    |                                            |                                                |                                |      |                   |      |       |          |
| Others                                                                             |                             |                  |    | 28,000                                     |                                                |                                |      |                   |      |       |          |
| Initial Minimum Deposit                                                            |                             |                  |    | 995,000 & Final Bill (Amount)              |                                                |                                |      |                   |      |       |          |

## 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 / Mode of Procedure (Like Laparoscopic, 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, 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 O.T (8:00 PM to 7:00 AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is 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 9am to 6pm
- 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 ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

I, Mr. Mohender Reddy, 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 after discharge, I promise to settle the claim with the hospital.

Signature of the Client: Mr. Mohender Reddy  
Signatory Relationship: Father  
Signature of the Financial Counselor: [Signature]