Dr. Shalini Santosh

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ESTIMATION SLIP

Date : 11/7/26 **UHID / IP No. :** VIH-00182914 **Sl No.** 1691

Name of Patient : Ramya Sri. P **Age:** _____ **Gender:** _____

Father's / Husband's Name : Penugula Praveen **Corporate / Occupation :** _____

Address : _____ **Phone :** 9885737474 **Email :** _____

Procedure / Plan : 9393099233. **EDD/Dos:** EDD - 7th Aug.

MODE OF PAYMENT : ☐ **SELF** ☐ **TPA :** Indwind ☐ **GIPSA :** _____ **OTHER**

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	**Normal Delivery**	**LSCS** (3days).
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room		1.45 + 20% Consumables & Disposables.
Super Deluxe Room		
Suite Room		CDA NOT included
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 :
	Pharmacy up to	Pharmacy up to
	Investigations up to	Investigations up to
Others		

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

Initial Minimum Deposit : 15K – Blood Grouping, Vaccination + Neonatal Doctor 2 visit daily.

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 Praveen Penugula 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.

Praveen

Signature of the Client

Husband

Signatory Relationship

Signature of the financial Counselor

VIH-00182914 IP26-00006817
Mrs RAMYA SRI
11-01-1993 33 Y 6 M 1 D (F)
Dr. KADIYALA RAMYA THEJA

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SURGERY DETAILS

Date : 12/7/26

Patient Name: Mrs Ramya Sri Date of Birth: 11-1-1993 Age: 33 yrs

Gender: female Ward : OT Floor UHID No.: VRH - 00182914

Date of Surgery: 12/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective CSCS

Time in : 12:30 pm Time Out : 1:30 pm.

		NAME	AMOUNT
1.	Surgeon	Dr. Santhoshi Shaling	
2.	Anaesthetist	Dr. Samir, Dr Amrin	
3.	Assistant Surgeon	Dr. Manisha	
4.	OT Technician	Br Arvind	
5.	Circulating Nurse	Sr. Karuna, Sr. Puja	
6.	Assistant Nurse	Sr. Sangeetha	

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

Shalini C.
Signature of the Surgeon

Karuna
Signature of Circulating Nurse

Order No: 26-0000213132 Order by: Archana 12/7/26 @ 17:10 pm

Docu. No. : RCH[illegible]/FRM / GENERAL / 114

VIH-00182914 IP26-00006817
Mrs RAMYA SRI
11-01-1993 33 Y 6 M 1 D (F)
Dr. KADIYALA RAMYA THEJA

Dr. Santhoshi Shalini

Cl. Lscs

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CONSUMABLES OF OT

Technician : Arvind Date : 12/2/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack ~~1HS~~		01	Inj Vit.K		01
LMA			Sutures 2346 (1-0)		01+1	Cord Clamp		01
ECG leads (A) / P / N		05	~~2364 (1-0)~~		01	Suction Catheter		
HME filter : A / P / N			3-0 ~~Monocryl 3650~~		01	Feeding Tube no 6		01
Syringes : 10 cc		04				Vaccum Suction Set		
05 cc		05	Gloves S.G 6.5		03	Surgical Gloves S.G 6.5		02
02 cc		04	Encore 6.5		01	Gauze Pack ~~10x10~~		~~01~~
01 cc			S.G 6.0		01	Syringe ~~1ml~~ / 2ml		01
Cautery plate (A) / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set		01	NG tube			Koochies (S)		
RL		02	Cautery pencil	1	1	Encore 6.5		01
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies XXL		1			
Oxytocin		08	Ointments					
Tranexa		02	Suction Catheter			Baby Said		
Fentanyl		01	Cap, Mask	40+10				
~~Morphine~~ Mephentamine		01	Gauze Pack	2		26-0000213160		
Ketamine			Mop Pack					
~~Propofol~~ Themaccaine		01	Steristrip	2				
Rocuronium			Underpad	12				
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter			3348	1	
Bupivacaine 0.25%(Heavy)			Romodrain bag			23~~8~~47	1	
Antibiotics			Bandage			~~2 3646~~	2	
Annin heavy		01	Tegaderm			4242	1	
Suppositories			Ioban			~~3650~~ 3650.	1	
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	1				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet Apron	2				
Tab. Misoprost : 200mg		5	Betadine Solution	2				
Encore 6-5		01	Microshield	2				
~~Encore~~ 7.5x7.5		01	Cotton Balls	4				
			Latex Gloves	20				
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : ~~26-0000213155~~ / 154 Ordered by : Archana 12/2/26 @ 1:07pm

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	: VIH-00182914	**Name**	: Mrs RAMYA SRI
Age / Sex	: 33 Y 6 M 1 D / Female	**Doctor**	: KADIYALA RAMYA THEJA
Adm/Reg Date/Time	: 12/07/2026 08:19	**Payor**	: RELIANCE GENERAL INSURANCE COMPANY LTD
Order Date	: 12/07/2026 18:04	**Ordernumber**	: 26-0000213155
Visit ID	: IP26-00006817	**Ward/Bed No**	: 4F -OT / PDA-414
Patient Address	: H.NO 12-15-801 MK NAGAR TARNIKA, Administrative Building, Hyderabad, Telangana, INDIA, 500007		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	THEMICAR 30MG INJ 10ML		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	Monocryl 3-0 W3650		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
3	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
4	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
6	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	ETHILON 1 NW 3348	ETHILON 1 NW 3348	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	THEMICAINE 2% 30ML INJ		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	NS 1000 ML CLOSED EUROFLEX		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		5 Tabs	Dispensed
11	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
12	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
13	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
16	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	BIOXAMIC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		2 Ampule	Dispensed
18	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		8 Vial	Dispensed
19	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
20	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
21	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
22	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
23	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
24	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
25	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
26	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: VIH-00182914	**Name**	: Mrs RAMYA SRI
Age / Sex	: 33 Y 6 M 1 D / Female	**Doctor**	: KADIYALA RAMYA THEJA
Adm/Reg Date/Time	: 12/07/2026 08:19	**Payor**	: RELIANCE GENERAL INSURANCE COMPANY LTD
Order Date	: 12/07/2026 18:04	**Ordernumber**	: 26-0000213154
Visit ID	: IP26-00006817	**Ward/Bed No**	: 4F -OT / PDA-414
Patient Address	: H.NO 12-15-801 MK NAGAR TARNIKA, Administrative Building, Hyderabad, Telangana, INDIA, 500007		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
2	SURGEON CAP FEMALE SAFE SECURE		1 Nos	External / 10 AM	1 Days		10 Nos	Dispensed
3	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed

KADIYALA RAMYA THEJA

Reg No : TSMC/FMR/01458

* 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.**

Printed Date/Time : 12/07/2026 23:49 Printed By : SUNKARI SANGEETHA

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016538	**Name**	: Baby Of RAMYA SRI
Age / Sex	: 0 Y 0 M 0 D 11 H / Male	**Doctor**	: DILNAAZ FAROOQUI
Adm/Reg Date/Time	: 12/07/2026 13:35	**Payor**	: SELFPAY
Order Date	: 12/07/2026 18:09	**Ordernumber**	: 26-0000213160
Visit ID	: IP26-00006825	**Ward/Bed No**	: 4F -OT / CRDL-HNPDA-414-1
Patient Address	: H.NO 12-15-801 MK NAGAR TARNIKA, Administrative Building, Hyderabad, Telangana, INDIA, 500007		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
4	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	INFANT FEEDING TUBE-6	INFANT FEEDING TUBE 6	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed

DILNAAZ FAROOQUI

Reg No : 56763

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