

BAH-00655548 IP5-00173663  
Master TEJAVATHU JAICHAND  
13-03-2018 8 Y 1 M 28 D (M)  
Dr. HARISH JAYARAM



*Anji 12/05/26*

### SURGERY DETAILS

*8011*

Date : *11/05/2026*

Patient Name: *Tejavathu Jaichand* Date of Birth: *13-03-2018* Age: *84*

Gender: *Male* Ward : *P:OT* UHID No.: *BAH-00655548*

Date of Surgery: *11/05/2026*  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : *(L) Bronchial Cyst excision.*

Time in : *8:45 AM*

Time Out : *11: AM*

	NAME	AMOUNT
1. Surgeon	<i>Dr. Harish Jayaram</i>	
2. Anaesthetist	<i>Dr. Sanitha</i>	
3. Assistant Surgeon		
4. OT Technician	<i>Bapu</i>	
5. Circulating Nurse	<i>Thejas</i>	
6. Assistant Nurse	<i>Bikhrai</i>	

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

*[Signature]*  
Signature of the Surgeon

*[Signature]*  
Signature of Circulating Nurse

Order No: *8602685*

Order by: *Suman*

Patient Sticker

Branchial cyst excision



**CONSUMABLES OF OT**

BAH-006 855 Jai Chaudhary

Circulating staff: ..... Technician: ..... Date: **3610** Time: **8:30 AM**

Anaesthesia Disposables			Surgical Disposables			Disposables (Baby Side)		
Issued	Qty	Used	Issued	Qty	Used	Issued	Qty	Used
ET tube	5	01	Major Pack	1	1	Inj Vit.K	2	1
LMA	2/2	1	Sutures Vicryl 2-0 3-0	2	2	Cord Clamp		
ECG leads: A/P/N	5	03	4-0, 5-0 (215)	1	1	Suction Catheter		
HME filter A/P/N	1	01	Gloves 6.6 2, 7/2	2	2	Feeding Tube		
Syringes : 10 cc	10	05	PF, 6.6 2, 7/2	2	2	Vacuum Suction Set		
05 cc	10	05	Surgical blade 11, 15	2	1	Surgical Gloves		
02 cc	10	02	NG tube			Gauze Pack		
01 cc	5	—	Cautery pencil	1	1	Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	01	Koochies	1	—	Surgical Blade # 20		
IV set	1	01	Ointments			Koochies (S)		
RL	1	01	Suction Catheter			500ml NJ	1	1
NS: 10ml / 100ml / 500ml / 1000ml	5	1	Cap, Mask	1	1	10cc (5cc)	2	0
minipilce	1	01	Gauze Pack	1	1	minivac drain	1	1
admorsic	1	01	Mop Pack	1	1	0.5 Anaxum	1	1
Fentanyl	1	01	Steristrip	1	—	26 G. needle	1	1
Morphine			Underpad	1	—	Phud shield	2	2
Ketamine			Draw sheet	1	1			
Propofol	3	02	Abgel					
Rocuronium	1	01	Foleys catheter					
Glycopyrolate	1	01	Urobag					
Myopyrolate	1	01	Chest Drainage Catheter					
Ondansetron	1	01	Romodrain bag					
Pencan 25g/ Spinal Needle 22	1	01	Bandage					
Bupivacaine 0.25%	1	01	Tegaderm					
Bupivacaine 0.25%(Heavy)			loban					
Antibiotics			Double J Stent					
Doupen	1	01	Vacuum Suction set	1	—			
Suppositories			Plastic Bed Sheet	1	—			
Anamol : 80mg / 250mg / 170 mg			Betadine Solution	1	1			
Supridol : 100mg			Microshield	1	—			
Justin : 12.5 mg / 25mg / 100mg	1	01	Cotton Balls	1	1			
Tab. Misoprost : 200mg			Latex Gloves	10	10			
Vacuum set	1	01	Ramdione Scrub	1	—			
Oral air way 1+2	1	1	Saral					
Succinylcholine 100mg	1	01						
Vecuronium 20/24	1	1						
Nasal airway 20/22	1	01						

Surgeon: ..... Anaesthesiologist: ..... Nurse: *[Signature]* OT Technician: .....  
 Order No.: **9602872** Ordered by: *[Signature]*  
 Doc. No.: RCHBH/ FRM / GENERAL / 125

04:50 PM

Subject to Coverage

Be Approval



# ESTIMATION SLIP

80111

Date: 05 May 20 UHID / IP No.: BAM-00655548 SI No. \_\_\_\_\_

Name of Patient: Magt. Tejarathu Jaichand Age: 8yrs Gender: Male

Father's / Husband's Name: Mr. Tejarathu Harisal Corporate / Occupation: Rt Employee

Address: \_\_\_\_\_ Phone: 9989866216 & 8886851964 Email: \_\_\_\_\_

Procedure / Plan: ① Bronchial cyst excision 2DW 3hr OT

MODE OF PAYMENT:  SELF  TPA: MA Manipal agra - Ind 208516V  GIPSA: \_\_\_\_\_ OTHERS \_\_\_\_\_

TARIFF INFORMATION: Dr. Hanish J (GPS-49) 47)

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges				<u>1700/-</u>						
Doctor's Fee				<u>per day</u>	<u>-NA</u>					
L. Tax										

PARTICULARS		AMOUNT (₹) + (OT) + (OT)		
Surgeon's / Anesthetists's Fee / O.T. Charges		<u>Pr</u>	<u>91003</u>	<u>33092</u>
O.T. Consumables		<u>9500/-</u>	Subject to approval by TPA / Insurance Company	
Instrument Charges			Not Covered by TPA / Insurance company	
Pharmacy, Consumables & Investigations		<u>Extral</u>	As per actual - Not Included in Estimation	
Equipment Charges	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.		<u>Extral</u>	As per actual - Not Included in Estimation	
Package				
Others				
Total Minimum Deposit		<u>15,000/-</u>	<u>Final bill clearance</u>	

REMARKS: 3hr OT EB 2.500/- or deposit 5000/-

- 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, Thoracoscopic, 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 7:00AM), 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 patient 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 Harisal 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: Harisal Signatory Relationship: Father Signature of the Financial Counselor: Deepa