



FINAL BILL

Bill No

8664

Age/Gender:

24 YEARS/FEMALE

Mrs. JYOSHNA MALLELA

13-08-2024 **Bill Date** 

Address

Name

YERRUPALEM

52781

Location

YERRUPALEM

**GENERAL** 

2024080113 IP NO

Doctor Dept

DR. M.B SRUTHI MUVVA

Admission De:

12-08-2024

Rate Plan

OBG

Ward/Bed

BUDGET SINGLE ROOM

Discharge Da:

MR.No

13-08-2024

						A PROPERTY.		
Charges	Ord# Head Description	Rate	QTY/ DAY	AMOUNT	Tax Rate	Tax Amount	Tax Groups	Tax Sub Groups
	ADMISSION CHARGES	500	1	500	1.5	4		
	IV CANNULATION	500	1	500				
	NURSING CHARGES	500	1	500				
	DR.MB. SRUTHI MUVVA	500	1	500				
	SURGEON CHARGES	15000	1	15000				
	ANESTHESIA	5000	1	5000				
	OT CHARGES	7000	1	7000				
	BUDGET SINGLE ROOM	3000	1	3000		ij		
	TOTAL	- 4		32,000.00	Ŗ.	Ĭ.		
Payments	Receipt No Mode	Card Typ	e Bank		Refe	erence No.	A	mount
Final Settle	ment	-30						
12-08-2024	25776 UPI PAYMEN	JT						30000.00
				Net Paid An	nount:	7		30,000.00
	PHARMACY			Bills are end	losed			898.00
								- 898.00
Bill Summa	ary:							
					Total l	Bill Amount		32,898.00
					Less: I	Discount		2,000.00
					Less: l	Net Paid Am	ount	30,898.00

Dr. BHA (VOL) SRUTHI MEDEMPUDI MS (OBE) BNB, MRCOG (LONDON, UK) Regd. No. TSMC 02064 BELIEF HOSPITALS, KHAMMAM



# 8-2-155, 156, Wyra Road, Opp : Axis Bank, KHAMMAM.

Ph: 08742-298299, 7032 263 939, 9121 579 372, 9849 850 427 Email: info.beliefhospitals@gmail.com











# DISCHARGE SUMMARY

IPD No

:2024080113

MR.No

Adm. Date

: 12-08-2024

08:34:15

Patient Name

:Mrs.JYOSHNA MALLELA

Disch.Date

: 13-08-2024

16:20:15

Relative Name :W/o.

Ward Type

: BUDGET SINGLE ROOM

Age/Gender

: 24 Years /Female Category

: Self

Address

:YERRUPALEM

Doctor Name

: Dr.M.B SRUTHI MUVVA

# Final Diagnosis:

# LAP STERILISATION

# Procedure:

laproscopic sterilisation with LEOS on 12/8/2024 under GA

# Intra OP Findings:

Uterus normal size bilateral tubes appear normal tubectomy done on both tubes at isthmus both ovaries appear normal

# Course in the Hospital:

pt came for laproscopy, labs were sent, physician fitness sorted, PAE was done,pt was taken up for laproscopy on 12/8/2024.post period uneventful,pt condition stable.

# Inventigations:

**ENCLOSED** 

## Pharmacy:

T MONOCEF O BD X5DAYS T pan 40MG BDX5DAYS T METROGYL 400MG TDSX5DAYS T ULTRACET SOS 6 TO CONTINUE T.OVRAL L







# Follow Up Details:

11-09-2024 DR M.B SRUTHI MUVVA

**FOLLOWUP** 

Doctors Signature
DR M.B SRUTHI MUVVA

Dr. BHAWY SRUTHI MEDEMPUDI MS (OBG), DNB, MRCOG (LONDON, UK) Regd. No. TSMC 92064 BELIEF HOSPITALS, KHAMMAM



### CLAIM FORM - PART B TO BE FILLED IN BY THE HOSPITAL The Issue of this Form is not to be taken as an admission of liability Please include the original preauthorization request form in fieu of PART A DETAILS OF HOSPITAL (To be Filled in block letters) c) Name of the treating doctor: O Qualification: MC, OBC, DUB DETAILS OF THE PATIENT ADMITTED a) Name of the Patient: THE DE DE DITTION ON DATE OF DECTAGE 713 [08 84 1 田田 田田 Emergency Planned Day Care Maternity )) Type of Admission: () Date of Delivery 0 0 1 11 11 I) Status at time of discharge: Discharge to home Discharge to another hospital Deceased DETAILS OF AILMENT DIAGNOSED (PRIMARY) ICD 10 Codes 100 10 PCS I. Primary Diagnosis CFEXTITUTE CONTROL II. Additional Diagnosis: III. Co-morbidities lv. Co-morbidities: lv. Details of Procedure Yes No c) Pre-authorization obtained e) If authorization by network hospital not obtained, give reason f) Hospitalization due to Injury: Yes The ii) If Injury due to substance abuse / alcohol consumption, Test conducted to establish this: Yes 476 (If Yes, attach reports) III. If Medico legal: Yes 400 No. Reported to Police West vi. If not reported to police give reason v. FIR No. CLAIM DOCUMENTS SUBMITTED - CHECK LIST Claim Form duly signed CT/MR/USG/HPE investigation reports Original Pre-authorization request Doctor's reference slip for investigation Copy of the Pre-authorization approval letter ECG Copy of Photo ID Card of patient Verified by hospital 0 Hospital Discharge summary MLC reports & Police FIR Operation Theatre Notes Original death summary from hospital where applicable Hospital main bill Hospital break-up bill ADDITIONAL DETAILS IN CASE OF NON NETWORK HOSPITAL (ONLY FILL IN CASE OF NON-NETWORK HOSPITAL) LOT TYPE IN NO LICU TES INO Hospital PAN: Othors: (PLEASE READ VERY CAREFULLY) **ECLARATION BY THE HOSPITAL** hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any fals, right to claim under this claim shall be forfeited.

Signature and Seal of the Hospital Authority:



# HOSPITALS





# **BELIEF HOSPITALS**

Bill Date&Time

Adm.Date&Time

**Doctor Name** 

Room No

Ward Type

Area Name

Bed No

OPP.AXIS BANK, WYRA ROAD, KHAMMAM info.beliefhospitals@gmail.com Phone No.08742-298299

4 IP CASH BILL

BIII No.

: 25776

IPD No.

: 2024080113

Patient Name

Mrs.JYOSHNA MALLELA

Age (YY/MM/DD)

24 / 0 / 0

Sex

Female

Mobile No.

: 7416414524

Address

: YERRUPALEM

Pay Type

: PAYMENTS

Pay Status

: Advance

**Card Type** 

: 12-08-2024

: 0

Cheque No.

'Card No.

Bank Nama Amt in Words

: Rupees Thirty Thousand Only

Remarks

**Print Date** 

08:36:15

Prepared By

: SATHEESH

Signature

Pay Mode Paid Amount

: 30000

Card Exp.Date

: 12-08-2024

: 12/08/2024

: 411

: 411

: Dr. M.B SRUTHI MUVVA

: BUDGET SINGLE ROOM

: FOURTH FLOOR

: 12-08-2024

: UPI Payment

12-08-2024

08:34:15 AM

Cheque Date

: 12-08-2024



### BELIEF PHARMACY

OPP.AXIS BANK, WYRA ROAD, KHAMMAM

info.beliefhospitals@gmail.com Phone No.7032263939

GST.No. : 36AAVFB1015B1ZW

D.L.No. : TS/KMM/2019-48290

### PHARMACY RECEIPT

Issue No.

: 60061

PMR No. : 52781

Issue Date

:12-08-2024 08:59:37

Patient Name

: Mrs.JYOSHNA MALLELA

OPD/IPD No.

:2024080113

Age / Gender

: 24 Years / Female

Doctor Name

:M.B SRUTHI MUVVA

Address

: YERRUPALEM

Mobile No

:7416414524

S.No. DRUG NAME  1 FACEMASK ELESTIC  2 LATEX EXAMINATION GLOVES  30012  01-01-2028  1 10.00  20.00  2 LATEX EXAMINATION GLOVES  3 EASYFIX  4 I V CANULA 18G KITK  5 I V SET (RMS INFUSIO)  GIL  01-08-2025  1 10.00  10.00			DRUG NAME	HSN CODE	BATCH NO.	EXP.DATE	YTQ	MRP	TOTAL
1 FACEMASK ELESTIC 000 01-02-2028 2 10.00 20.00 2 LATEX EXAMINATION GLOVES 0524 01-04-2027 1 47.00 47.00 3 EASYFIX 33446N 01-07-2028 1 180.40 130.40 4 I V CANULA 18G KITK 20899 01-01-2028 1 180.00 180.00 5 I V SET (RMS INFUSIO) CIL 01-08-2025 1 20.00 20.00	P.NO		7. 2		30012	01-01-2028	1	10.00	10.00
2 LATEX EXAMINATION GLOVES  3 EASYFIX  4 I V CANULA 18G KITK  5 I V SET (RMS INFUSIO)  20899  01-01-2028  1 180.40  180.00  180.00  180.00  180.00  180.00					.=	•	2	10.00	20.00
3 EASYFIX 4 I V CANULA 18G KITK 5 I V SET (RMS INFUSIO)  33446N 01-07-2028 1 180.40 130.40 20899 01-01-2028 1 180.00 180.00 01-08-2025 1 20.00 20.00		2	LATEX EXAMINATION GLOVES				1	47.00	47.00
4 I V CANULA 18G KITK 20899 01-01-2028 1 180.00 180.00 5 I V SET (RMS INFUSIO) CIL 01-08-2025 1 20.00 20.00	١	3	<del></del>		•	-	1	180.40	180.40
5 I V SET (RMS INFUSIO) 20899 01-01 2020 1 20.00 20.00	١	4	I V CANULA 18G KITK		00.		1		180.00
C11. $U1=L0=ZUZJ$ 1 $ZUZ=UZ$	١	5	T V SET (RMS INFUSIO)		2000	-	1		
6 GILLETTE PRESIO		6	GILLETTE PRESTO		GIL		1	20.00	20.00

Amt in Words

: Rupees Four Hundred Fifty-Seven Only

Receiver Signature

Note: Cold Chain items&disposable items will not be taken back, return of medicine will be accepted with in 30 days only Bill mandatory for return

457.40 Total Amount 0.00 Disc Amount

457.40 0.00

Due Amount

Prepared B : RAJESH

Signature :



Age/Sex: 24/FID No. Crymic Date 10/8/24
Address: 45. YEXUPalem. 7416414524



# BELIEF PHARMACY

OPP.AXIS BANK, WYRA ROAD, KHAMMAM

info.beliefhospitals@qmail.com Phone No.7032263939

GST.No.: 36AAVFB1015B1ZW

D.L.No.

: TS/KMM/2019-48290

### PHARMACY RECEIPT

e No.

: 60240

PMR No. : 52781

Issue Date

:12-08-2024 17:44:09

ent Name

: Mrs.JYOSHNA MALLELA

OPD/IPD No.

:121973

/ Gender

24 Years

Doctor Name / Female

:DR.A.K.V.RAMAN

: YERRUPALEM

Mobile No

:7416414524

288	: YERRUPALEM						
888	: IERROFABBIT			EXP.DATE	QTY	MRP	TOTAL
DRUG NAME		NON OUT	<b>BATCH NO.</b> J11580	01-03-2026	5/	19.12	95.60
ULTRACET	TAB		BPA240152	01-12-2025		19.90	199.00 118.50
	-200MG TAB		240566	01-04-2026 01-03-2027		5.74	28.70
PANVOZ 40 ZOFER-4MG			SIF0839A	- Carry		ount :	441.80
TOTAL ATTO	: Rupees Four H	andred Fort	y-Two Only	W OSFITA	isc Amo		0.00
in Words	: Rupees Four H	una	//:	D. M.	مر بر الخ	unt :	441.80

Cold Chain items&disposable items will not be taken back, return of color will be taken back. cine will be accepted with in 30 days only Bill mandatory for return

Prepared B

paid Amount 0.00 Die Amount

Signature :



Age / Sex: 241/FID No. Cryfnic Date 10/8/24

Address: YEXUPolem. 7416414524





### DISCHARGE SUMMARY

IPD No

:2024080113

MR.No

:52781

Adm. Date : 12-08-2024 08:34:15

Patient Name

:Mrs.JYOSHNA MALLELA

Disch.Date

Relative Name Age/Gender

:W/o.

Ward Type

: BUDGET SINGLE ROOM

: 24 Years /Female

Category

: Self

Address

:YERRUPALEM

Doctor Name

: Dr.M.B SRUTHI MUVVA

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### Inventigations:

**ENCLOSED** 

**Pharmacy:** 

T MONOCEF O BD X5DA

T pan 40MG BDX5DAYS

T METROGYL 400MG FRSX5DAYS

T ULTRACET SOS 6

TO CONTINUE T.OVRX

# 8-2-155, 156, Wyra Road, Opp : Axis Bank, KHAMMAM. Ph. 08742-298299, 7032 263 939, 9121 579 372, 9849 850 427 Email: info.beliefhospitals@gmail.com





