Ref: Dr. Rajah K. Koppala / MS Ravathy.

INSURANCE

Medical Management

Discharge on 25/6/24

MHI/DP/2022/104

Medway Hospitals®
The way to better h
(A Unit of United Alliance Healthcar

BILLING CARD

Medway Heart Institute
Where heart beat never stops...

Mrs.NALINI C
49/Female/MH1202484466
24/06/2024/IPH2024001490
Dr.RAJAH. V. KOPPALA

Patient Name

IP No.

Room No.

AFETY FIRST

D.O.A. 24/6/24 Time 10:22Am

102 W-2

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
24/6/24	11.00	ADMISSION	1ST FLOOR (102)	
24/6/24	11:45	1ST FLOOR (102)	CATH LAB	
24/6/24	14.20	cath lab	ER	
24/6/24.	16:50	ER	102 1st floor	

OPERATION THEATRE

Date	: 24/6/24	OT No.	: cath lab II
Surgeon	: Dr. Rajah. V. Koppala	Start Time	: 12.40
I Asst. Surgeon	:	End Time	: 13.20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N panchavarnam	Arthroscopy	:
Name of Surgery	: renoplasty	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect
24/6/24	14:30	24/6/24.	16:50

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

Date	:	OT. No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
24/6/24	LFT (8050)						

Date	PHYSIOTHERAPY

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR - RAJAT V. KOPALA	24/6/24	25/6/24					
Ms. Cathrin (Dietitian)	24/6/24	25/6/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	T- 4,60,377/-
BILL CLEARED : 15823 / 01.8.24	5KT
RETURNS CHECKED : 25/6/24	

CROSS MATCHING :

RESERVATION PF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES :

TO Dr Rajan Jee - 2.5L
Medway Share - 1L
Total - 4L.
+ 4L on above

Admission Officer : JANANI

Sister In-charge

TAX INVOICE

MANAS ENTERPRISES (MEDICALS).

D.NO.8-2-293/88/A/99,PLOT NO.99,ROAD NO.1,
JUBILEE HILLS, HYDERABAD-500033. Ph:040-39417700

D.L.No:TG/16/01/2015-8011/12
GST No:36ABNFM7480N1ZD

To :MEDWAY HOSPITALS
2,26 1st Main Road, United Ind

Chennai, Tamil Nadu

DL Nos :
GST NO :33AAUFM8027F1Z2
Phone :

TaxInvNo : WS00011
InvDate : 25/06/2024
Type : Credit

MFG	PRODUCT NAME&PACK	BATCH	EXPRIY	QTY	FREE	M.R.P	RATE	GST%	AMOUNT
J & J	CLOSURE FAST CATHETER	232190240	7/2025	1	0	51223.0	51223.00	12.00	51223.00
BARD	ATLAS GOLD PTA 14 X 4	93WG0042	9/2025	1	0	39879.0	39879.00	12.00	39879.00
	ATLAS GOLD PTA DILATA	93SG0022	5/2025	1	0	39879.0	39879.00	12.00	39879.00
	ATLAS GOLD PTA DILATA	93WH0032	8/2026	1	0	41872.0	41872.00	12.00	41872.00

Note :

GST%	TAXABLE	CGST TAX	SGST TAX			
0% :	0.00					
5% :	0.00	0.00	0.00	No.of Items:	4	
12% :	154333.04	9259.98	9259.98	No.of Units:	4	
18% :	0.00	0.00	0.00			
28% :	0.00	0.00	0.00			

SubTotal:	172853.00
Less Disc:	0.00
GST Amt:	18519.96
(-/+)Adjust:	0.00
Rounding:	0.00

One Lakhs Seventy Two Thousand Eight Hundred Fifty Three Rupees 0 NET PAYABLE: 172853.0

The goods supplied in this invoice do not contravene section 18 of the drugs & cosmetics act 1940.

For MANAS ENTERPRISES (MEDICALS)

Tax Invoice

Manas Enterprises (Medicals) Plot No 99 Road No 1, Near Chiranjeevi Bloodbank Hyderabad GSTIN/UIN: 36ABNFM7480N1ZD State Name : Telangana, Code : 36 E-Mail : manasenterprisesmedicals@gmail.com	Invoice No. **109**	Dated **18-Jun-24**
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
Consignee (Ship to) **Medway Hospitals** 2.26 1st Main Road, United India Colony, Kodambakkam Chennai GSTIN/UIN : 33AAUFM8027F1Z2 State Name : Tamil Nadu, Code : 33	Terms of Delivery	
Buyer (Bill to) **Medway Hospitals** 2.26 1st Main Road, United India Colony, Kodambakkam Chennai GSTIN/UIN : 33AAUFM8027F1Z2 State Name : Tamil Nadu, Code : 33		

Sl No	Particulars	HSN/SAC	Quantity	Rate	per	Amount
1	**Equipment Rental Charges**					**25,424.00**
	18% IGST			*18*	%	**4,576.32**
	Less Rounded Off					**(-)0.32**
	Total					**₹ 30,000.00**

Amount Chargeable (in words) *E. & O.E*

INR Thirty Thousand Only

HSN/SAC	Taxable Value	IGST Rate	IGST Amount	Total Tax Amount
	25,424.00	18%	4,576.32	4,576.32
Total	**25,424.00**		**4,576.32**	**4,576.32**

Tax Amount (in words) : **INR Four Thousand Five Hundred Seventy Six and Thirty Two paise Only**

Remarks:
Being the Medical equipment rental charges
Company's PAN : **ABNFM7480N**

for Manas Enterprises (Medicals)

MANAS ENTERPRISES MEDICALS Hyderabad

Authorised Signatory

This is a Computer Generated Invoice