

Ref: Dr. Rajah V. Koppala /
MC Rarathy.

INSURANCE

Discharge ed 25/6/24

Medical Management
MHI/DP/2022/104

Medway Hospitals
The way to better h
(A Unit of United Alliance Healthcare)

Mrs. NALINI C
49/Female/MHI202484466
24/06/2024/PH2024001490

Patient Name

IP No.

Room No.

Dr. RAJAH. V. KOPPALA



BILLING CARD

SAFETY FIRST



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

TRANSFER DETAILS

Rent Per Day

102

W-2

Date	Time	From	To	Nurse's Signature
24/6/24	11:00	ADMISSION	1ST FLOOR (102)	[Signature]
24/6/24	11:45	1ST FLOOR (102)	CATH LAB	[Signature]
24/6/24	14:20	Cath lab	ER	[Signature]
24/6/24	16:50	ER	102 1st floor	[Signature]

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	: P/w panchavanam	Arthroscopy	:
Name of Surgery	: Venoplasty	Laproscoy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		Others	:

MONITOR

INFUSION PUMP

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

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	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 :

[illegible]

[illegible]

CONSULTANT NAME	Date	Date	Date	Date	Date	Date				
DR - RATAN V. KOPALA	24/6/24	25/6/24								
Mrs Cathrin (Dietitian)	24/6/24	25/6/24								
PHARMACY			AMBULANCE							
OT DRUGS REPLACED :			T- 4,60,377/-							
BILL CLEARED : ✓ 823 / 9000 01/8/24			5K↑							
RETURNS CHECKED : 25/6/24										
CROSS MATCHING :										
RESERVATION PF BLOOD :										
STERILE TRAY USED :										
TRANFUSION (BLOOD)										
ATTENDER'S HOLDING :										
OTHER PROCDURES :										
Admission Officer : J Anant	Edul. 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 DL Nos :

GST NO : 33AAUFM8027F1Z2

Phone :

Chennai, Tamil Nadu

TaxInvNo : WS00011

InvDate : 25/06/2024

Type : Credit

MEG	PRODUCT NAME&PACK	BATCH	EXPIRY	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

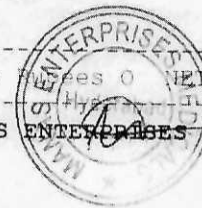
Note :

GST%	TAXABLE	CGST TAX	SGST TAX			
0%	0.00					SubTotal: 172853.00
5%	0.00	0.00	0.00	No. of Items: 4		Less Disc: 0.00
12%	154333.04	9259.98	9259.98	No. of Units: 4		GST Amt: 18519.96
18%	0.00	0.00	0.00			(-/+) Adjust: 0.00
28%	0.00	0.00	0.00			Rounding: 0.00

One Lakh Seventy Two Thousand Eight Hundred Fifty Three Rupees Only 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 Consignee (Ship to) Medway Hospitals 2 26 1st Main Road, United India Colony, Kodambakkam Chennai GSTIN/UIN : 33AAUFM8027F1Z2 State Name : Tamil Nadu, Code : 33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Invoice No. 109</td> <td style="width: 33%;">Dated 18-Jun-24</td> </tr> <tr> <td>Delivery Note</td> <td>Mode/Terms of Payment</td> </tr> <tr> <td>Reference No. & Date.</td> <td>Other References</td> </tr> <tr> <td>Buyer's Order No.</td> <td>Dated</td> </tr> <tr> <td>Dispatch Doc No.</td> <td>Delivery Note Date</td> </tr> <tr> <td>Dispatched through</td> <td>Destination</td> </tr> <tr> <td colspan="2">Terms of Delivery</td> </tr> </table>	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	Terms of Delivery	
Invoice No. 109	Dated 18-Jun-24														
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Buyer (Bill to) Medway Hospitals 2 26 1st Main Road, United India Colony, Kodambakkam Chennai GSTIN/UIN : 33AAUFM8027F1Z2 State Name : Tamil Nadu, Code : 33															

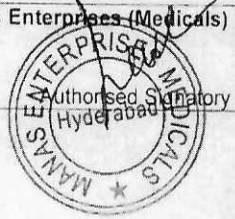
Sl No	Particulars	HSN/SAC	Quantity	Rate	per	Amount
1	Equipment Rental Charges					25,424.00
	18% IGST				18 %	4,576.32
	Less: Rounded Off					(-)0.32
	Total					₹ 30,000.00

Amount Chargeable (in words) E. & O.E
INR Thirty Thousand Only

HSN/SAC	Taxable Value	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)


This is a Computer Generated Invoice