Surgery Estimation

Patient's UHID/ IPNO	: AIGG.21269198	**Patient's Name/Age/Sex**	: Mast. RUDRANIL SINHA/2 Year(s) 4 Month(s)/Male/9002766646
Estimation Amount	: 560000		: Jalleda Asaswini Priyanka
Estimation Date/Time	: 27/08/2026 10:58:37	**Estimation Given by**	: PRIYANKA
Requested Bed Type	: Sharing	**Billing Counselling done by**	: POOJA SINHA
Surgeon/Physician Name	: Dr. BALACHANDRAN PALAT	**Billing Counselling done To**	: Mother
Expected day of stay	: 8	**Relationship**	:
Minimum Deposit	: 480000	**Emergency No**	:
Company	:	**Expected Date of Admission**	
		Estimate Type	: Initial Pre-Admission Estimate
		Estimate No.	: ESTG17591
Diagnosis/Medical Problem	: RT HEPATECTOMY		

Estimation Break-Up-

Item Name	Amount
Room Rent Sharing (5X5500)	27500
Investigation Charges	50000
Drug Charges	100000
Consumable Charges	100000
Admission Charges	1500
ICU Charge (3.00X9,000.00)	27000
RT HEPATECTOMY	220000
OTHERS	30000
Total Amount	**560000**

Remarks : OT-5HRS, BLOOD, VIRALS+VE,EXTRA ICU/ROOM STAY/OPEN SURGERY/CUSA-25K REQUIRED CHARGES EXTRA.

Note: Hospital Admission Terms & Conditions

• Estimates & Billing

The admission cost estimate is approximate. Final billing reflects actual treatment and services received. Enhanced treatment and extended stay costs will be communicated timely. It is the responsibility of patient attendants to check the bill everyday at Tower A, 5th Floor.

• Advance Payment

Full estimated cost is payable at admission. A minimum positive balance of ?50,000 must be maintained during the stay.

• Payment Responsibility & Regulations

The patient/legal guardian is responsible for full bill settlement. If a nominee/guardian will pay, a signed undertaking is required. PAN card of the patient or attendant is mandatory at admission.

• Payments & Refunds

Payments accepted via cash, card, DD, UPI, or bank transfer. Cheques are not accepted. Refunds up to ? 20,000 will be issued in cash; higher amounts via NEFT within 4–7 working days.

• Admission & Attender Policy

One attender must stay with the patient throughout, except in general wards (no attenders allowed). Admission without an attender is not permitted. If the patient is moved to ICU/HDU/PICU/OT, the attender must vacate the room. No separate

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accommodation will be provided.

• Belongings

The hospital is not liable for loss/theft of personal belongings. Patients/attenders must safeguard valuables.

Insurance-Specific Terms

• Role of Hospital

a. The hospital acts solely as a facilitator and is not responsible for insurer decisions. If cashless is denied, hospital cash tariff applies, which differs from insurance rates.

b. The hospital is not liable for insurance denial due to non-disclosure of pre-existing conditions, cosmetic treatments, substance-related ailments, self-harm, or war-related injuries.

• Policy Eligibility

Patients must confirm room eligibility with their insurer. Upgrades may lead to proportionate deductions, and the cost difference must be borne by the patient.

• Copay & Exclusions

Policies may include co-payments or sub-limits for specific conditions, payable by the patient. Non-medical expenses are not covered and must also be paid by the patient. Refer to your policy for details.

Self-Declaration

I agree to all hospital terms on billing, discharge, refunds, insurance, and clinical documentation. I take full responsibility for settling my bill before discharge. I understand the estimate is approximate and final billing will reflect actual services. I consent to clinical photography/videotaping for documentation. I agree to maintain a positive balance, vacate my room if moved to ICU/HDU/OT, and confirm that I was counselled about all investigations, treatments, and consumables in the language Hindi known to me.

Signature: Somnath Sinha
Relation: Father

Name:
Date: 27/8/26.

Estimate Given By : Jalleda Asaswini Priyanka

Print DateTime : 27/08/2026 10:58:39

Print By : Jalleda Asaswini Priyanka

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