

**Patient Information**

MRN Number	12520000127566	Name	ishwari Shelukar	Age	6 YEARS
Gender	FEMALE	Primary Number	9325905426	Admission Advice Type	Procedure
Risk Type	choose	Specialty	Pediatric Oncology	Admitting Consultant	Dr. Sujata K. Mushrif

**Estimate Details**

Estimate Type	Indicative	Payor Profile	Cash
Payor Profile Details	choose	Probable Date of Admission	
Ward Requested / Required	General Ward	Procedure / Intervention advised	Elective Surgery

**Service and Material Charge Information**

Service Cost		
Bed Charge	HOSPITAL BED CHARGE 3 DAYS	12,000
Procedure Charge	USG GUIDED BIOPSY	8,900
Consolidated Charge	INVESTIGATION CHARGE	22,000
<b>Final Estimated Service Charge:</b>		<b>42,900</b>

Material Cost		
Drugs & Consumable Charge	MEDICINE & CONSUMABLE	25,000
<b>Final Estimated Material Charge</b>		<b>25,000</b>

**Grand Total : 67,900**

SIXTY SEVEN THOUSAND NINE HUNDRED ONLY

**International Patients:** A maximum cash of \$5000 can be deposited (with patient passport endorsement ONLY) and rest to be paid in foreign currency through online transfer / international card(debit/credit).

**Domestic Patients:** A maximum cash of Rupees 2,00,000 can be deposited and rest to be paid by online transfer / card (debit/credit).

**Disclaimer:** The estimate is valid for a period of two months from the date of issue and may be subject to change. The package does not include treatment of any unrelated illness or procedures other than for which this estimate has been prepared. Also, expenses for any extended stay at the hospital beyond the estimated stay period, owing to any unforeseen circumstances or emergencies, shall be payable over and above the estimate. The estimate is based on our best understanding of the patient's condition at the time of contact and is not the final amount payable and can vary at the time of actual billing or discharge.

I / We agree to the above package and the same has been explained to me / us in our own language.

Package Office

Estimate Issuance Date : 23-12-2021 16:27

Form-2021-12-23-00175

Estimate Given By:-337933 - Vishant Padgaonkar

Patient / Relative signature

Contact Number: \_\_\_\_\_

