



ESTIMATION FORM

EstID: JMRH FY2024/25 - 003

Patient Information :

UHID : 101

Age : 10

Name : Keerthana

Gender : Female

Consultant Information :

Doctor Name : rashtrotthana

Preferred Date : 2025-01-23

Estimation Name : estimation

Expected No. of Days Stay :

Total No. of Days : 10

ICU Stay : 3 Ward Stay : 7

Room Type : Semi-Private

Inclusions :

1. implants 2. nursing

Exclusions :

1. wardICUStay 2. primaryConsultant 3. crossConsultation

Estimation Details :

Estimated Date : 2025-01-30

Applicable Disccount : 1%

Estimated Cost : 233333

Total Cost : 230999

Note :

This estimate is based on the information available at the time of the request. Actual charges may vary based on the patient's specific circumstances and any unforeseen complications that may arise during the procedure/treatment.

Signature of

Keerthana

Name : _____

Signature of Staff

Keerthu

Name : _____

Signature of Approver

Keerthana

Name : _____