



ESTIMATION FORM

EstID: JMRH FY2024/25 - 008

Patient Information :

UHID : 103

Age : 21

Name : Nithish M K

Gender : Male

Consultant Information :

Doctor Name : rashtrotthana

Preferred Date : 2025-01-30

Estimation Name : hhi

Expected No. of Days Stay :

Total No. of Days : 5

ICU Stay : 2 Ward Stay : 3

Room Type : Private

Inclusions :

- | | | | |
|----------------------|------------------------|------------------------|----------------------|
| 1. WardICUStay | 4. Implants | 7. Diet | 10. BedsideProcedure |
| 2. PrimaryConsultant | 5. LaboratoryImaging | 8. Nursing | 11. OtDrugs |
| 3. CrossConsultation | 6. InstrumentEquipment | 9. SurgeonOTAnesthesia | 12. DrugsConsumables |

Exclusions :

Estimation Details :

Estimated Date : 2025-01-29

Applicable Disccount : 10%

Estimated Cost : 2000000

Total Cost : 0

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

Nithish M K

Name : _____

Signature of Staff

Keerthu

Name : _____

Signature of Approver

N/A

Name : _____