

<div><div>Estimation Sheet</div><div>Jayadev Memorial Rashtrothana Hospital</div></div>		Patient Name					
		Doctor					
		UHID					
		Age					
		Payer Name					
		Date					
Procedure for which estimate is being given		SURGICAL MANAGEMENT :					
Expected No. of days stay		ICU-			Ward-		
Details	Room Type						
	GENERAL WARD	SEMI PRIVATE WARD	PRIVATE WARD/ ICU	DELUXE WARD	VIP SUITE WARD	PRESIDENTIAL SUITE WARD	
Approximate Cost							
NOTE: The Above said is Just an Estimation. The Bill may vary depending Upon the Clinical Conditions and Other Comorbidities and Post-Surgical Complication of the Patient.							
<u>The Above-Mentioned Estimation includes</u> 1.Ward and ICU Stay as indicated Above 2.Nursing and Diet charges. 3.OT Drugs and Consumables 4.Ip Visit charges (Primary Consultant) 5.Surgeon, Asst Surgeon and Anesthesia Charges			<u>The Above- Mentioned Tariff Exclude</u> 1. Cross Consultation, Blood products 2.Ward Drugs and consumables 3.Lab and Imaging (Radiology) 4.High value Drugs 5.CT and MRI 6.Implant and Instrument charges Etc.....				
Signature of Patient/ Attender: Relationship: Contact Number:			Signature of Staff with Emp id: Staff Name: JMRH/FO/2024				