ESTIMATE FORM

Patient MRN	: 17550000305506	**Estimate No**	: EST-1755-2508000341
Patient Name	: Mr Ankur Das	**Estimated On**	: 13-08-2025 19:58
Gender/Age	: MALE , 24Years9Months	**Estimated LOS**	: 1
Advice Type	: Medical Management	**Consultant**	: Dr. Manuranjan Goyari (NEUROSURGERY)
Opted Class	: CCA		
Risk Category	: Not Applicable	**Payor Profile**	: Cash
Admission Type	: INPATIENT	**Mobile No**	: 9864178501

Hospitalisation and Care

BED CHARGES - CRITICAL CARE AREA (SVC000004)	7,140.00
NURSING CHARGE (SVC000705)	1,310.00
MEDICAL SUPERVISION CHARGES (SVC012937)	2,100.00
CONSULTATION - IP (SVC000697)	750.00
CROSS CONSULTATION - IP (SVC000698)	750.00
ADMISSION (SVC000007)	2,210.00
OXYGEN - PER DAY (SVC000611)	4,130.00
VENTILATOR - PER DAY (ADULT/PAEDIATRIC) (SVC000699)	8,650.00
MEDICINE & INVESTIGATIONS PER DAY APPROX	35,000.00
FINAL ESTIMATE	INR 62,040.00

Sixty Two Thousand Forty Rupees

ADDITIONAL INFORMATION

MEDICINE CONSUMABLES & INVESTIGATIONS ARE NOT INCLUDED (ESTIMATE FOR ONE DAY)

NOTE

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 1,99,999 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 patients 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.

ESTIMATED BY	: Mazidul Haque (354146)	**PATIENT/RELATIVE NAME**	:
DATE AND TIME	: 13-08-2025 19:58	**CONTACT NO**	:
SIGNATURE	:	**SIGNATURE**	: