

## Cost Estimation Bill

|                |   |                       |                        |
|----------------|---|-----------------------|------------------------|
| <b>UHID</b>    | : C0159898                                | <b>Estimation No.</b> | : FCEF/21-22/00000386E |
| Patient Name   | : Ms. LAETITIA ARMAND                     | Date                  | : 14-Jan-2022          |
| Contact No.    | : 58569072                                | Estimate Amount       | : <b>300,572.00</b>    |
| Age/Sex        | : 21.10 YRS/Female                        | Length of Stay        | : 10.00                |
| Date Procedure | : 14-Jan-2022                             |                       |                        |
| Address        | : 5 BUTCHIA GRAND BAIE Riviere Du Rempart |                       |                        |

| S/No. | Department          | Remarks                             | Qty. | Amount    |
|-------|---------------------|-------------------------------------|------|-----------|
| 1     | IPD SURGERY         | SURGEON AND ANESTHETIST FEE CLASS 8 | 1.00 | 94,500.00 |
| 2     | OTHER CHARGES       | OT CHARGES CL8/C ARM/INFUSION PUMP  | 1.00 | 26,472.00 |
| 3     | Adult Private       | 10 DAYS                             | 1.00 | 67,600.00 |
| 4     | LABORATORY          | BLOOD TEST/X RAY/ULTRASOUND         | 1.00 | 20,000.00 |
| 5     | MEDICAL CONSUMABLES | WARD CONSUMABLES/PHARMACY           | 1.00 | 31,000.00 |
| 6     | MEDICAL STORE ITEMS | OT CONSUMABLES/PHARMACY             | 1.00 | 52,000.00 |
| 7     | RADIOLOGY           | MEDICAL ADMINISTRATION              | 1.00 | 9,000.00  |

**Diagnosis :** BLADDER AUGMENTATION

**Remarks :** DR BHAVISH KOWLESSUR/COST ESTIMATE SENT TO PATIENT