

Confidential

MEDI SIX CLINIC LTD
Beaux Songes Road

Phoenix
21 August 2026

TO WHOM IT MAY CONCERN
Prise en Charge Final Confirmation Ref No. 71.2196095
Patient: MANDARY Marie Annick

With reference to our confirmation of Prise en Charge Ref No. 71.2196095 and your Ref No. 00000000000000000000
Please find below the Claims payment details

Amount Claimed			Rs 647,163.00
Items	Amt. Claimed	Amt. Disallowed *	Amt.
MEDI SIX CLINIC LTD	647,163.00	347,163.00	300,000.00
Refund Details			
Gross Amount Payable:			300,000.00
Excess under Member Insurance Cover:			0.00
Co Payment			0.00
Therefore, our payment under the Normal Prise en Charge service and up to the maximum cover of the insured :			Rs 300,000.00

* Disallowed Reasons Extra cost

* Disallowed Items : Rs 347,163.00 Details below:

Cost Item - Operating Theatre Consumables - is Non Prescribed Rs. 347,163.00

Note: All supporting documents regarding pending justification will be rejected if submitted AFTER 1 MONTH from the date of issue of this prise en charge confirmation letter.

Approval granted on ex-gratia basis.

limit to 300k only for this admission

If you have any query in connection with the above, you may contact our Team on 403 5090 and we will be pleased to help you.

Yours sincerely

Claims Department
Medscheme (Mtius) Limited
On Behalf of Eagle Insurance Limited

This is an auto generated letter which requires no signature.

Ref. No.: OP-LR-63 V:02



For customer support,
call us on 403 5090 or send an email to
careplus@medschemeinternational.com





PREMIUM CARE

MEDI SIX CLINIC LTD

Beaux Songes Road

Phoenix

Tel: 490 8128

(BRN C22188669)

DEBT ACKNOWLEDGEMENT FORM

Date: 29/06/2026

PATIENT DETAILS

Patient Name: Mandary Marie Annick

Address: Rue Condor, Albion

Contact Number: 5771-1375

ID Card no./Passport no.: H160679382157G

APPLICANT/REPRESENTATIVE DETAILS

Name: Mandary Jean-Luc Stephane

Relationship With Patient: Husband

Address: Rue Condor, Albion

Contact Number: 5817-2673

ID Card No./Passport no.: H17047841 0102F

I, Mr. Mandary Jean-Luc Stephane (Name of Debtor/Representative) do hereby acknowledge that I owe an amount of Rs 347,162.55 (in words) Three Hundred Forty-seven thousand, one hundred Sixty-two and fifty-five hundredths. to **MEDI SIX CLINIC LTD**, trading as **PREMIUM CARE** (hereinafter referred to as the "Clinic") as the outstanding amount on Invoice No. ACC - SIMV - 2026 - 45449 relating to my medical treatment (or the medical treatment of the above-named patient). I undertake to settle the aforementioned amount **within two (2) days** from the date indicated above.

In the event that payment is not made within the specified two (2) days, I acknowledge and accept full responsibility for an additional charge equivalent to 10% of the outstanding amount, which represents the legal costs, including but not limited to the fees of an attorney at law and a solicitor.

Any legal disputes arising from or in connection with this agreement shall be governed by the laws of the Republic of Mauritius and subject to the exclusive jurisdiction of the courts of Mauritius.

I hereby confirm that all information provided by me in this form is true and accurate.

I have read, understood, and agree to the terms and conditions outlined above.

Date: 29/06/2026

Signature:



PREMIUM CARE

Premium Care Clinic

Beaux Songes Road

Phoenix

Tel: 4908128

BRN: C22188669

Email: info@premiumcare.clinic

VAT Invoice

Patient: MANDARY MARIE ANNICK

Patient ID: PAT-2026-10018

Gender, Age: Female, 47

Phone: 57711375

Date of Admission: 17 June 2026 13:03

Date of Discharge: 29 June 2026 18:46

Date: 29 June 2026

Invoice No: ACC-SINV-2026-45449

Imaging

Item	Qty	Rate (Rs)	Amount (Rs)
CT ANGIO CEREBRAL/BRAIN	1.0	21,120.00	21,120.00
CT BRAIN	1.0	9,460.00	9,460.00
ULTRASOUND	1.0	3,900.00	3,900.00
Sub-Total:			Rs 34,480.00

Services

Item	Qty	Rate (Rs)	Amount (Rs)
ICU Room	5.0	15,400.00	77,000.00
Private Room	7.0	9,000.00	63,000.00
CATH LAB - CODE 8 (Maxi)	1.0	29,700.00	29,700.00
GLUCOMETER	9.0	65.00	585.00
OXYGEN (Per Hour)	46.0	30.00	1,380.00
Oxygen M	1080.0	0.50	540.00
SPO2	36.0	55.00	1,980.00
Sub-Total:			Rs 174,185.00

Consumables

Item	Qty	Rate (Rs)	Amount (Rs)
------	-----	-----------	-------------

Item	Qty	Rate (Rs)	Amount (Rs)
3M MONITORING ELECTRODES	9.0	7.96	71.64
3M MONITORING ELECTRODES	3.0	10.20	30.60
ALCOHOL PADS X 100	13.0	1.50	19.50
ALCOHOL PADS X 100	4.0	2.00	8.00
BEDLINER 80CMS X 150CMS - SW/PAD001	20.0	90.00	1,800.00
BIOTAIN CHLORHEXIDINE (W/O ALCOHOL W WATER)	0.5	0.00	0.00
BL LIFESCIENCE 150CM EXTENSION LINE REF: BEX60	1.0	90.00	90.00
DEROMPER COIL DETACHMENT CONTROLLER (TJCDC)	1.0	4,550.00	4,550.00
DIAPERS ADULT 2XL	7.0	40.50	283.50
DISCOFIX C-3 BLUE(1x100)	3.0	48.00	144.00
DISCOFIX LONG WITH EXTENSION REF: 165000C	4.0	157.50	630.00
DRIP SET INTRAFIX CLASSIC PRIMELINE G	4.0	115.00	460.00
DRIP SET INTRAFIX CLASSIC PRIMELINE G	1.0	90.00	90.00
ECG ELECTRODES	1.0	9.20	9.20
ENDOTRACHEAL TUBE NO. 7.0	1.0	135.00	135.00
EXADROP	1.0	307.50	307.50
FOLEY CATHETER 2 WAY 14	1.0	112.50	112.50
FREBLE INTRACRANIAL SUPPORT CATHETER 6.3F 115CM (TJIC72-115)	1.0	41,600.00	41,600.00
GAUZE SWAB 10X10X16 PLY X PACK 10	1.0	45.00	45.00
GEHC OMNIPAQUE 350MG-200ML REF: 1204953 (1201452)	1.5	3,375.00	5,062.50
GLOVES NITRILE (MEDIUM) X 100	88.0	7.05	620.40
INT Angiography Catheter 4F, Simmons 1, 125cm (ACSIM4F1125)	1.0	2,600.00	2,600.00
INT Angiography Catheter 4F, VER, 125cm (ACVER4F1125)	1.0	2,600.00	2,600.00
INT GUIDE WIRE 0.035" 150CM (HG353AF)	1.0	1,950.00	1,950.00
INT Introducer Set 6F 90 cm (VSMP6F04)	1.0	16,900.00	16,900.00
INT Micro guidewire 0.014 NT 200cm (PH-MG-02-001-NT)	1.0	26,000.00	26,000.00
INT MICROCATHETER 2.0F 160CM (PH-MC-03-02)	1.0	32,500.00	32,500.00
INT Y-Connector Pack (HV-8000)	4.0	1,300.00	5,200.00
IV CANNULA VASOFIX 18G GREEN X 50	3.0	70.00	210.00
IV CANNULA VASOFIX 20G PINK	2.0	70.00	140.00

Item	Qty	Rate (Rs)	Amount (Rs)
YT Polycarbonate Syringe 10ML (YT-SP023)	3.0	546.00	1,638.00
			Rs 1,638.00

Sub-Total:

INPATIENT VISIT

Item	Details	Qty	Rate (Rs)	Amount (Rs)
Dr BOODHOO HEMRAZ	6 ICU VISITS (1 EMERG) + 7 WARD VISITS	1.0	50,740.00	50,740.00
Dr CHINEAH ASHLEY	CODE 8	1.0	75,250.00	75,250.00
Dr RAJMOHAN DURASAMY	50% CODE 8 + 2 WARD VISITS	1.0	40,425.00	40,425.00
Dr SOOKUN YASHLEY	6 NORMAL WARD VISITS (DISCOUNTED AMOUNT : Rs. 15050)	1.0	34,400.00	34,400.00
				Rs 200,815.00

Sub-Total:

DRUGS

Item	Qty	Rate (Rs)	Amount (Rs)
ACUPAN INJ x 5 AMP	1.0	42.13	42.13
ARNICAN GEL (COOPER) 50 G	1.0	258.00	258.00
ATRACIS (CISATRACRIUM) 10MG/5ML X1	2.0	1,088.12	2,176.24
BETADINE SOLUTION DERMIQUE 125ML	0.2	140.35	28.07
CAPRIN 5000 IU/5ML (HEPARIN) X 10	1.0	158.56	158.56
DEXAMETHASONE 4MG/ML (DEXAMED) X 10	1.0	48.20	48.20
DEXTROSE SALINE 0.9% X 500 ML	1.0	98.38	98.38
DIPRIVAN 1% 20ML INJ X 5	2.0	314.88	629.76
DOLIPRANE 1000 MG TABS X 8	24.0	10.45	250.80
DUPHALAC 200ML	1.0	204.47	204.47
EMITINO 4 MG TABS X 10	3.0	9.00	27.00
EMITINO AMP 2ML X 10	8.0	65.54	524.32
FENTANYL FRESENIUS 100MCG/2ML INJ	1.0	92.42	92.42
GLYCOPYROLATE 0.2MG/ML INJECTION X 50 AMPS (PYRO LATE)	2.0	30.27	60.54
KETOPROFEN 100 ML INJ X1 (PREPROFEN)	1.0	237.98	237.98
KETOPROFEN 100 ML INJ X1 (PREPROFEN)	1.0	246.46	246.46

Item	Qty	Rate (Rs)	Amount (Rs)
IV CANNULA VASOFIX 22G BLUE	5.0	70.00	350.00
IV OCTACARE 6 X 7 CM X 100 24607	2.0	27.00	54.00
KIN MOUTH WASH 250ML	1.0	240.00	240.00
LARYSEAL LARYNGEAL MASK AIRWAY NO 3	1.0	450.00	450.00
NASAL OXYGEN CANNULA ADULT	1.0	82.50	82.50
OXYGEN MASK ADULT	1.0	97.50	97.50
PERDENSER COIL 3D 3.5MMX10CM (TJCST3.510-3D)	1.0	32,500.00	32,500.00
PERDENSER COIL 3D 4.5MMX12CM (TJCST4.512-3D)	1.0	32,500.00	32,500.00
PM O LINE 150CM	1.0	150.00	150.00
PROFEEL STERILE GLOVES 7.0	5.0	52.50	262.50
RAZOR (GIMA 27082)	1.0	39.00	39.00
STERILE REINFORCED GOWN PACK-L-#GR011/2-1-PC	1.0	150.00	150.00
SUCTION CATHETER FG14 (DARK GREEN)	1.0	52.50	52.50
SURGICAL BLADES NO 22	1.0	19.50	19.50
SURGICAL BLADES NO.11 (BOX OF 100)	2.0	19.86	39.72
SYRINGE 10 ML LUER BRAUN	35.0	16.50	577.50
SYRINGE 2 ML LUER BRAUN	8.0	10.50	84.00
SYRINGE 20 ML LUER LOCK	2.0	22.50	45.00
SYRINGE 5 ML LUER BRAUN.	33.0	11.50	379.50
SYRINGE 5 ML LUER LOCK	3.0	16.50	49.50
TED STOCKING MEDIVEN THROMBEXIN THIGH M	1.0	2,475.00	2,475.00
TEGADERM 6cm x 7cm x 100 (1624W)	2.0	12.25	24.50
TEGADERM 6CM x 7CM X 100 (U SHAPED) 1623W	1.0	23.00	23.00
TEGADERM 6CM x 7CM X 100 (U SHAPED) 1623W	1.0	30.00	30.00
URINE BAG	2.0	57.00	114.00
Yafho Ultrasound Probe Cover 15X200cm (655734)	1.0	520.00	520.00
YT ANGIO PACK (YT-SP009)	1.0	2,340.00	2,340.00
YT PROCEDURE PACK	1.0	2,340.00	2,340.00
Sub-Total:			Rs 220,158.56

Consignment

Item	Qty	Rate (Rs)	Amount (Rs)
KYTRIL 1MG/1ML X 5 AMPS	12.0	293.94	3,527.28
LIDFAST 2% GEL X 30 G	1.0	88.49	88.49
LIGNOCAINE FRESENIUS 2% 20 ML INJ	1.0	194.56	194.56
NEXIUM 40MG X 14 TABS	6.0	82.61	495.66
NEXIUM IV 40MG X 5ML X 10AMPS	3.0	512.82	1,538.46
NEXIUM IV 40MG X 5ML X 10AMPS	3.0	492.28	1,476.84
NICARDIPINE INJ 10MG/10MLX 5 AMPS [NICARDILEX]	2.0	227.84	455.68
NIMOTOP 30MG TAB X 100	218.0	31.75	6,921.50
NORMAL SALINE 0.9% 100 ML	16.0	110.00	1,760.00
NORMAL SALINE 0.9% 100 ML	3.0	106.64	319.92
NORMAL SALINE 0.9% 1000ML - FKF	1.0	254.12	254.12
NORMAL SALINE 0.9% 500ML (SODIUM CHLORIDE)	29.0	108.73	3,153.17
ORNILOX TABLET X 10	6.0	26.55	159.30
ORNILOX TABLET X 10	2.0	24.75	49.50
PALOHALT 0.25MG/5ML	1.0	241.66	241.66
PALOHALT 0.25MG/5ML	1.0	252.50	252.50
PANTOPRO 40 MG IV INJECTION X 1	1.0	214.92	214.92
PETHIDINE HCL INJ 100MG/ML X 2ML	1.0	89.90	89.90
PRECIMOL 1G INJ 1% X1 (PARACETAMOL)	35.0	118.89	4,161.15
PREVITA - POTENCY VITS B & C X 6 PAIRS (PABRINEX)	8.0	203.51	1,628.08
RINGERS LACTATE 500ML	7.0	54.45	381.15
ROCEPHINE 1G IV AMP X1	10.0	892.71	8,927.10
STERILE WATER FOR INJECTION B.P X 10ML VIAL X 1	2.0	3.00	6.00
TRIAZONE 1G IV (CEFTRIAZONE)	1.0	305.72	305.72

Sub-Total:

Rs 41,685.99

LABORATORY

Item	Qty	Rate (Rs)	Amount (Rs)
CRP	1.0	450.00	450.00
FBC	3.0	440.00	1,320.00

Item	Qty	Rate (Rs)	Amount (Rs)
RENAL FUNCTION TESTS	9.0	660.00	5,940.00
Sub-Total:			Rs 7,710.00

AMBULANCE

Item	Qty	Rate (Rs)	Amount (Rs)
AMBULANCE-REGION R.HILL/B.BASSIN	1.0	4,400.00	4,400.00
Sub-Total:			Rs 4,400.00

EMERGENCY

Item	Qty	Rate (Rs)	Amount (Rs)
CASUALTY FEE	1.0	440.00	440.00
ER SERVICE FEE	1.0	1,650.00	1,650.00
Sub-Total:			Rs 2,090.00

Sub-Total: Rs 686,722.98

VAT: Rs 439.55

Total: Rs 687,162.53

Deposit: Rs 40,000.00

Payment Received: Rs 40,000.00

Balance Due: Rs 647,162.53

Insurance Cover: 300,000

— Balance due: 347.167.55

Important Notice:

This invoice is issued based on the information available at the time of billing. Please note that the bill may be subject to reassessment and modification even after payment is made. Should any discrepancies, omissions, or additional items/services be identified upon further review, any amendment will be communicated to you.

Thank you for choosing our clinic. Wishing you a speedy recovery!



PREMIUM CARE

MEDI SIX CLINIC LIMITED

Beaux Songes Road

Phoenix - Mauritius

Tel : 490-8128

(BRN C22188669)

MEDICAL REPORT

Surname: MANDARY MARIE ANNICK

Date: 29/06/26

Name:

Date of birth / Age: F / 47yr

Admission date: 17/06/26

Discharge date: 29/06/26

Diagnosis: Intra Cerebral hemonhage
Rupture Cerebral Aneurysm

Complaints: - Severe Headache
Nausea Vomiting

Management: - Coiling / Embolisation of
aneurysm done by Interventional
Neuroradiologist

Treating Doctor:

H. BOODHOO

F.C.S Consultant
Neurosurgery.

Signature:



PREMIUM CARE

(Department)

Beaux Songes Road

Phoenix - Mauritius

Tel : 490 8128