

# EVEN HOSPITALS

Race Course Road, Bangalore 560001

## FINANCIAL ESTIMATION COUNSELLING FORM

### PATIENT DETAILS

**Patient Name:** Geeta **Age / Sex:** 62 / Female  
**UHID:** 329424 **Contact Number:** 9741574158

### ADMISSION DETAILS

**Admitting Consultant:** Dr PK Raju  
**Date of Admission:** 20-May-2026 **Arrive by:** 11:00  
**Proposed Procedure:** U/L knee replacement  
**Date of Surgery:** 21-May-2026 **Planned Time:**  
**Payer:** Insurance **Insurance Details:** Reliance- Insurance under process  
**Expected LOS (Days):** As per Dr **Admission To:** Ward  
**Bed Category:** **Admission Type:** Package

### FINANCIAL DETAILS

**Package Amount:** Rs. 2,30,000  
**Advance to Collect:**

#### INCLUSIONS

- Bed & nursing charges
- Routine medicines & consumables as per treatment / surgery / procedure planned
- Visit charges of the treating consultants
- Treatment / Surgery / Procedure charges as mentioned above
- Routine OT medicines & consumables

#### EXCLUSIONS

- Cross consultations (if any)
- High value investigations - CT, MRI etc. (if any)
- High value drugs (if any)
- Overstay charges (beyond expected length of stay)

**DISCLAIMER:** The cost mentioned above is an estimated cost. Final bill may vary due to various reasons like clinical conditions, change in line of treatment, other co-morbidities etc.

#### NOTE:

1. Kindly make 80% of the estimated cost as a deposit before surgery.
2. Cash payment limit is Rs.1.99 Lacs only as per Section 269ST of the Income Tax Act, 1961.
3. Accepted payment modes are Credit Cards, Debit Cards, Online Transfers, UPI, Cash.
4. Cash Refund limit is restricted to only Rs.10,000/-. Refund amount in excess will be done through Bank Transfer, for which it may take 4-5 working days.
5. Non Medical, Co-pay & other deductions by insurance should be paid by customer based on the insurance approval.

### HOSPITAL BANK DETAILS

**Name of the Account:** Balloon Health Care Pvt. Ltd.  
**Account No.:** 50200111991320  
**Account Type:** Current Account  
**IFSC Code:** HDFC0001472  
**Name & Address of the Bank:** HDFC BANK, 418/1, Near Kudalahalli Gate, ITPL Road, Bangalore - 560066, Karnataka, India  
**Remarks:** [sheet:geeta|329424] · pkg as written: "1 2.3"  
**Counselled By:** Niharika/ Ravi **Admission Done By:**

### PATIENT / ATTENDER CONSENT

I, the undersigned, acknowledge that I have been counselled regarding the estimated cost of treatment / procedure / surgery planned. I understand that this is a provisional estimate and that actual charges may vary based on the patient's clinical condition, length of stay, or any unforeseen complications. I agree to take full responsibility for all charges incurred during the course of treatment, including those exceeding this estimate.

**Signature:** \_\_\_\_\_ **Date & Time:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Contact No.:** \_\_\_\_\_  
**Relation:** \_\_\_\_\_