EVEN HOSPITALS

Race Course Road, Bangalore 560001

FINANCIAL ESTIMATION COUNSELLING FORM

PATIENT DETAILS

Patient Name:	Alampalli Anuradha	**Age / Sex:**	55 / Female
UHID:	UHID-354283	**Contact Number:**	9182646943

ADMISSION DETAILS

Admitting Consultant:	Dr. Prabhudev Salanki		
Date of Admission:	07-Jun-2026	**Arrive by:**	13:00
Proposed Procedure:	Medical Management		
Date of Surgery:	07-Jun-2026	**Planned Time:**	
Payer:	Insurance	**Insurance Details:**	Eligible : Yes(based on the documents) PT Name : Alampalli Anuradha SI : 4,00,000/- ASI : 3,61,301/- Room Rent : 6k ICU : Actual Co-Pay : Parents 20% Treatment : Medical Management Insurance Name : Future Genera TPA : FHPL Policy Type : Corporate Start Date : 01/01/2026 End Date : 31/12/2026 Waiting Period : No Note : 24 hrs hospitalization is mandatory. Process: PDC
Expected LOS (Days):	2	**Admission To:**	Ward
Bed Category:		**Admission Type:**	Open Bill

FINANCIAL DETAILS

Package Amount:

Advance to Collect:

INCLUSIONS	EXCLUSIONS
• Bed & nursing charges	• Cross consultations (if any)
• Routine medicines & consumables as per treatment / surgery / procedure planned	• High value investigations - CT, MRI etc. (if any)
• Visit charges of the treating consultants	• High value drugs (if any)
• Treatment / Surgery / Procedure charges as mentioned above	• Overstay charges (beyond expected length of stay)
• Routine OT medicines & consumables	

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:alampalli anuradha|uhid354283]

Counselled By: Arnab Paul **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: _____