

EVEN HOSPITALS

Race Course Road, Bangalore 560001

FINANCIAL ESTIMATION COUNSELLING FORM

PATIENT DETAILS

Patient Name:	Santosh	Age / Sex:	39 / Male
UHID:	354745	Contact Number:	91102 38759

ADMISSION DETAILS

Admitting Consultant:	Dr Sajeet	Arrive by:	07:00
Date of Admission:	09-Jun-2026	Planned Time:	10:00
Proposed Procedure:	Stapler Circumcision	Insurance Details:	HDFC Floater
Date of Surgery:	10-Jun-2026	Admission To:	Ward
Payer:	Insurance	Admission Type:	Package
Expected LOS (Days):	1		
Bed Category:			

FINANCIAL DETAILS

Package Amount:	Rs. 70,000
Advance to Collect:	Rs. 0

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:santosh 354745] · pkg as written: "1 70,000"
Counselled By:	Cema
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:	_____		