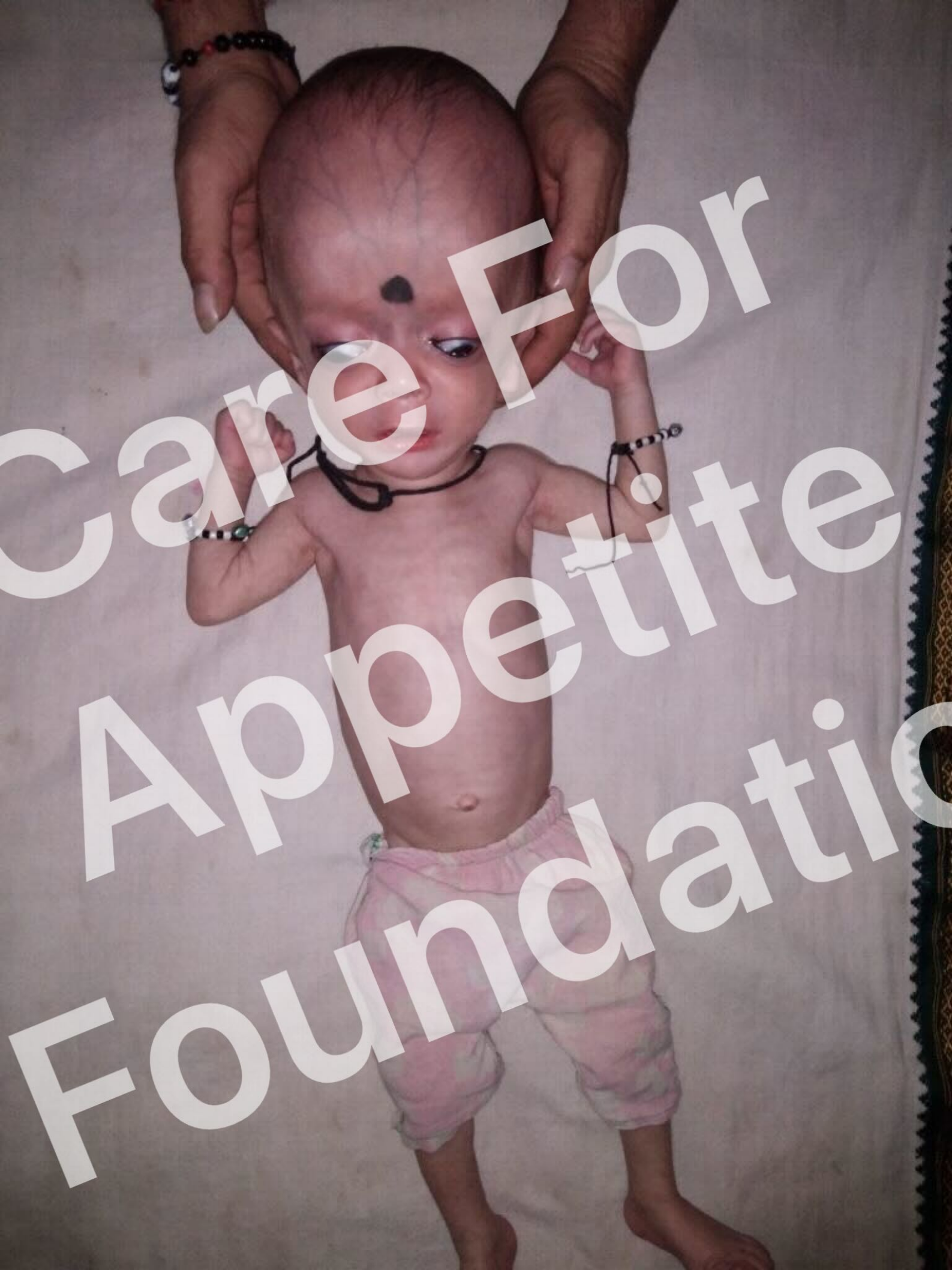




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Amrita Hospitals
Mata Amritanandamayi Marg
Sector 88, Faridabad,
Haryana 121002 Tel: -
Email: info@fbd.amrita.edu

ESTIMATE PERFORMANCE

Name	Abhiraj	MRD/IP No.	177363
Admitted Doctor	Dr. SACHIN GUPTA	Duration of Stay	2
Specialty	PAed. Neurosurgery	ICU/CCU	1
Expected D.O.A.		Ward Stay	1
		Bed Cat.	Economy

Surgery/Procedure	VP Shunt/VA Shunt/LP Shunt		
Surgery Code	NEN500106		
Sponsor	CASH	Payer	CASH

Estimated Expenditure:		Amount (Rs.)
Particulars		
1. Bed Charges		11500
>Room	2500*1	
>ICU	9000*1	
2. IP Package		
3. Surgery/ Procedure Charges [Surgeon Fee, O.T. Charges and Anaesthesia]	☐ GA ☐ LA ☐ JA	48400
4. Implants/ grafts/ valve/ stent/ coils etc.		15000
5. Navigation/Laproscope etc. (Equipment Charges)		On Actual
6. Medicines and consumables		25000
7. Investigations		20000
8. Doctor visit charges		6200
9. Physiotherapy		On Actual
10. Other procedure charges		On Actual
11. Miscellaneous		2000
Total Estimate:-		128100

Important Points:

- This estimate has been made as per Details provided. In case TPA/Corporate/PSUs deny approval, then hospital tariff policy will be applicable.
- **Payment Time:** You are requested to pay 100 % total estimate before surgery for financial clearance.
- **Payment Mode:** Cash/Credit Card/Debit Card/DD/NEFT/IMPS (maximum cash limit is 199999 rupees as per Govt. Act)
- **Online Account transfer Details:** In favour of _____, A/c No. _____
(Type-Current), FSC Code: _____, Bank Name: _____
- Refund above Rs. 10,000/- can be refunded by online transfer only, as per policy.
- If you upgrade your room category at any point during hospitalization, there will be a retrospective increase in Surgery/ Procedure charges as per your upgraded room category. Emergency Charges will be charged extra between 10 pm to 6 am.
- The Check out time is 11:00 am for the discharged patient as per the standard hospital policy.
- a) In Ward, Upto 6 hours of stay will be treated as Half Day. In ICU, Up to 12 hours of stay will be treated as Half Day.
- b) Tariff Chargeability of the Daycare is Equivalent to the General Ward category.
- c) In case of Day Care surgical procedures, Primary Surgeon shall not charge IPD Consultation but one visit of a different specialty doctor is allowed. In Medical Day Care cases (Eg. Dialysis, Chemo, Blood transfusion), however the primary treating doctor shall charge one IPD Consultation.
- d) Daycare bed charges are for 0 to 12 hours. Over and above this will be charged as per the ward category.
- e) Rooms needs to be vacated when the patient is advised for ICU stay. Retention of room is purely subject to availability and applicable charges as per billing policy.
- f) Robotic cost not covered in TPA cases, need to pay before surgery.
- Other than anything specifically mentioned in this note standard hospital rule, tariff and policy shall be applicable.
- Cost of Implant to be charged as per actual basis
- Tariff is subject to change without any prior notice
- Please note this document is intended to provide you with an estimate of the cost of your treatment. We have made every effort to be as detailed as possible in this estimate; however, the final bill may vary if there is any change in the medical treatment, increase in length of hospitalization, use of special investigations or additional procedures are performed to ensure better results and patient safety.
- Patient/attendant consent: I have understood everything explained to me and I guarantee to adhere by the hospital charges for me or my patient's medical requirement and hence take full responsibility of clearing the interim and final bill. I have been counselled and I have given my consent for the same.

Authorized By _____
Billing Staff Name _____
Emp Id _____
Date: - _____

Signature _____
Patient/Attendant Name _____
Relation: _____
Mobile No. _____

Gat
Granesh Kumar
Father
8826628246

Reception - 0129-

Ambulance - 0129-



AMRITA INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE
PAN NO: AAATM2403M , Appointment call: 01292851234
Mata Amritanandamayi Marg, Sector 88, Faridabad, Haryana 121002



OP Bill Cash

Bill No : OPD/F5NEU001 - BC/24/9390
Bill Dept : OP Billing F4_5 - BC
MRD No : 177363
Visit No : OP0001
Gender : M
Token No : 276043
Ticket No :
Relation :
Reference No :
Category : GNL

Bill Date : 22/10/2024 11:27 AM
Patient Name : ABHIRAJ KUMAR SAHANI
Patient Age : 4 Months
Cell Phone : 91-8826628246
Patient Address : MARUHA KATESAR,
MUZAFFARPUR, Muzaffarpur, Bihar,
India, 843144
Class : OP

Description	Code	Quantity	Unit	Unit	Discount	Amount
Dr.Sachin Gupta-Paediatric Neurosurgery- -Consultant Charges		1.0	Nos	800.00	0.00	800.00

Amount In Words: Eight Hundred Rupees only

Total Debit (Rs.): 800.00

Remarks:

Received Payment Amount (Rs): 800.00

Payment Due (Rs): 0.00

Payment Details

Payment Mode	Receipt No	Cheque/DD	Credit Card No	Bank Name	Amount
CASH	BPOP/24/151826				800.0

Printed By: Akash Bhardwaj

Cashier:

Akash Bhardwaj

Signature

1st Free Follow-up Consult within 3 Days.

In order to ensure a smooth and hassle-free OPD experience, please take an appointment.



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Registration Payment

Receipt Date 22/10/2024 10:34

Print Date : 22/10/2024 10:34

Receipt No : RP143418

Reg. Service

Registration Charges

MRD No : 177363

Patient

ABHIRAJ KUMAR SAHANI

Payment Mode : Cash

Amount

50.0

Total

50.0

Total Amount(In

Fifty Rupees only

Cashier's

Paras Karki



MR Report

Patient Name	ASHIRAJ	Patient ID	HGUR-350024795
Age/ Sex	4M / M	Service Name	MRI Head Without Contrast
Accession No.	1238107-879	Scan Date Time	03-10-2024 21:26:02
Referred By	Dr Ramu	Report Date Time	04-10-2024 09:48

These findings possibly represent gross hydrocephalus likely due to underlying aqueductal stenosis.

Advice: Clinical / lab parameter correlation.

This is a professional opinion and not diagnosis. Please consult your physician & with other investigations. This report is not valid for medical legal purposes.



Dr. Divya Nigam
Consultant Radiologist
M.B.B.S., MD

N.B.: This is only a professional opinion and not the final diagnosis. Radiologists are not responsible for variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be advised to know the actual condition of disease.

HOSPITAL NO: HGUR-350024795

REPORT TIME: 04-10-2024 09:48

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Regional Diagnostic Centre, Civil Hospital, Basai Road, Sector 10, Gurugram, Haryana-122001



MR Report

Patient Name	ABHIRAJ	Patient ID	HGUR-350024795
Age/ Sex	4M / M	Service Name	MRI Head Without Contrast
Accession No.	1238107-879	Scan Date Time	01-10-2024 23:26:02
Referred By	Dr Renu	Report Date Time	04-10-2024 09:48

INVESTIGATION : MRI BRAIN

SEQUENCES OBTAINED USING A 1.5 TESLA SUPER CONDUCTING MR UNIT

High-resolution SE-T1W, FSE-T2W, FLAIR & GRE-T2* sections in the axial plane. T1W SE-T2W sections in the sagittal & coronal planes. Diffusion imaging was also performed at B value 1000.

Clinical Indications:- Post caesarian

Prior Imaging:- None

Findings:-

The study reveals severe non-communicating hydrocephalus (Evans index 0.69); with massive dilation of both lateral ventricles such that most of the supratentorial compartment is now occupied by fluid filled lateral ventricles. There is marked effacement of residual parenchyma along the calvarium. Only minimal normal appearing parenchyma is present in the lower right temporal region. There is marked dilatation of third ventricle and its recesses. Prominent bilateral temporal horn is noted.

The fourth ventricle appears normal with midline location. No obstructive mass is seen. The brainstem and cerebellum appear normal.

The cerebellar tonsils are normally positioned. Limited evaluation of orbits does not reveal any significant abnormality.

IMPRESSION:

The study reveals severe non-communicating hydrocephalus (Evans index 0.69); with massive dilation of both lateral ventricles such that most of the supratentorial compartment is now occupied by fluid filled lateral ventricles. There is marked effacement of residual parenchyma along the calvarium. Only minimal normal appearing parenchyma is present in the lower right temporal region. There is marked dilatation of third ventricle and its recesses. Prominent bilateral temporal horn is noted.

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HOSPITAL NO: HGUR-350024795

REPORT TIME: 04-10-2024 09:48

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OP Bill Cash

Bill No : OPD/F4CAR001 - BC/24/72119
Bill Dept : OP Billing F4_1 - BC
MRD No : 177363
Visit No : OP0002
Gender : M
Token No : 283969
Ticket No :
Relation :
Reference No :
Category : GNL

Bill Date : 04/11/2024 11:56 AM
Patient Name : ABHIRAJ KUMAR SAHANI
Patient Age : 5 Months
Cell Phone : 91-8826628246
Patient Address : MARUHA KATESAR,
MUZAFFARPUR, Muzaffarpur, Bihar,
India, 843144
Class : OP

Description	Code	Quantity	Unit	Unit Price	Discount	Amount
Lab Services - Walkin		1.0		0.00	0.00	0.00
Paediatric Echo		1.0		3800.00	0.00	3800.00

Amount In Words : Three Thousand Eight Hundred Rupees only
Total Debit (Rs.) : 3800.00

Remarks:

SpO₂ - 97%
HR - 146 bpm
HT - 55 cm
wt - 3.2 kg

Received Payment Amount (Rs): 3800.00
Payment Due (Rs): 0.00

Payment Details

Payment Mode	Receipt No	Cheque/DD	Credit Card No	Bank Name	Amount
CASH	BPOP/24/189541				3800.0

Printed By: Paras Karki

Cashier: Paras Karki

Signature

MR Report			
Patient Name	ABHIRAJ	Patient ID	HGUR-350024795
Age/ Sex	4M / M	Service Name	MMR Head Without Contrast
Accession No.	1238107-879	Scan Date Time	03-10-2024 23:26:02
Referred By	Dr Ramu	Report Date Time	04-10-2024 09:48

These findings possibly represent gross hydrocephalus likely due to underlying aqueductal stenosis.

Advice: Clinical / lab parameter correlation.

This is a professional opinion and not diagnosis. Please correlate clinically & with other investigations. This report is not valid for medical legal purposes.



Dr. Divya Nair
Consultant Radiologist
MBBS, MD

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NOTE: This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

HOSPITAL NO: HGUR-350024795

REPORT TIME: 04-10-2024 09:48

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MRI Report

Patient Name	ABHIRAJ	Patient ID	HGJR-350024795
Age/ Sex	4M / M	Service Name	MRI Head Without Contrast
Accession No.	1238207-879	Scan Date Time	04-10-2024 23:26:02
Referred By	Dr. Renu	Report Date Time	04-10-2024 09:48

INVESTIGATION : MRI BRAIN

SEQUENCES OBTAINED USING A 1.5 TESLA SUPER CONDUCTING MRI UNIT

High-resolution SE-T1W, T2W, FLAIR & GRE-T2* sequences in the axial plane, T1 SE-T1W sequences in the coronal & sagittal planes. Diffusion imaging was also performed at B value 1000.

Clinical Indications:- Post caesarian

Prior Imaging:- None

Findings:-

The study reveals severe non-communicating hydrocephalus (Evans index 0.69); with massive dilation of both lateral ventricles such that most of the supratentorial compartment is now occupied by fluid filled lateral ventricles. There is marked effacement of residual parenchyma along the calvarium. Only minimal normal appearing parenchyma is present in the lower right temporal region. There is marked dilatation of third ventricle and its recesses. Prominent bilateral temporal horn is noted.

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IMPRESSION:

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N.B. This is a professional opinion and is for the diagnostic purposes only. Investigations are subject to variations due to technical limitations. Please, consult with your doctor and other specialists to know true nature of illness.

HOSPITAL NO. HGJR-350024795

REPORT TIME: 04-10-2024 09:48

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