Cmo Reg. No. RMEE2235705

लाईफ लाईन हॉस्पिटल & ट्रॉमा केयर सेन्टर

Centre of Excellence
A Unit of Uma Sewa Sansthan

+91 9026816950, + 91 7525877373

Cost Estimate Form

Please fill our the form with capital letters

This form, duly completed, and signed, should be returned prior to admission to :
LIFE LINE HOSPITAL AND TRAUMA CARE CENTER OPPOSITE INDIAN BANK G.T. ROAD ABOO NAGAR FATEHPUR

You can also send this form by :
1- Scan and email to :
lifelinehospitaltraumacarecent@gmail.com
2- PHONE No. 9026816950

*Please keep the original form for a minimum of 12 months, During this period the insurer reserves the right to ask for the originals at any time.

Cost estimate for the hospitalisation : Mr. ☑ Mrs. ☐ Ms. ☐

Full Name of Insured member Sunil Agrahali Personal reference number EE 6469 02 771 Date of Birth (dd-mm-yy) 5/4/1980 Expected date of admission (dd-mm-yy) 28/8/25 Expected Date discharge (dd-mm-yy) 30/8/25

To be completed by the hospital and / or physician
Diagnosis and reason for admission [1] [2] Road traffic Accident ≥ (R) Tibia fracture
Present Medical History / Current situation #(R) Tibia
Date of first symptoms 27/8/25 Date of first diagnosis 27/8/25 Principal Procedure / Type of surgery / Treatment Open reduction & plating for #(R) Tibia

Follow-up plan and Discharge Medication

Name, Address, tel/fax, email address of hospital, Name of Contact person			Name, address, tel/fax of physician/surgeon			
Mr Monu Maurya			9335420688			
Option A :			All-in-rate = .../day			
Option B : Type of room	Private	Semi-Private	Ward	Gen Ward	@	No. of Day
Hospitallisation expenses (e.g. medicines, x-rays, lab, etc)	40000/-				2000	2
Doctor's fees [3]	2000				1000	2
Surgeon's fees	10000/-					
Anesthetist fees	3000/-					
Assitant	1000/-					
Medicine	6000				3000	2
Bed Charge	6000				8000	2
Nursing Charge	1000				500	2
Implant	5000/-					
Total	36000/-					

Thirty six thousand only.

Date and signature of Paitent

Stamp of the hospital / Signature of physician

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