



लाईफ लाईन हॉस्पिटल



ट्रॉमा केयर सेन्टर



Centre of Excellence

A Unit of Uma Sewa Sansthan

+91 9026816950, + 91 7525877373

Cost Estimate Form

Please fill out 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 : Shirendra

Personal reference

number : 8009920083

Date of Birth (dd-mm-yy) : 01.01.1981

Expected date of

admission (dd-mm-yy) : 16/08/2026

Expected Date discharge (dd-mm-yy) : 17/08/26

To be completed by the hospital and / or physician

Diagnosis and reason for admission *** : Road Traffic Accident & fracture

Present Medical History / Current situation : Pain / fracture

16/08/26

Date of first symptoms 16/08/26

Principal Procedure / Type of surgery /

Treatment : Orthopedic casting (POP), Analgesia.

Follow-up plan and Discharge Medication

Name, Address, tel/fax, email address of hospital.

Name of Contact person

Spama.

Name, address, tel/fax of physician/surgeon

8009920083.

Option A :

All-in-rate =/day

Option B :	Type of room	Private	Semi-Private	Ward	Gen Ward	@	No. of Day
Hospitalisation expenses (e.g. medicines, x-rays, lab. etc)		<u>2000/-</u>				<u>2000/-</u>	<u>1</u>
Doctor's fees **		<u>1600/-</u>				<u>1000/-</u>	<u>1</u>
Surgeon's fees		<u>-</u>				<u>-</u>	
Anesthetist fees		<u>-</u>				<u>-</u>	
Assistant		<u>1000/-</u>				<u>1000/-</u>	
Medicine		<u>1150/-</u>				<u>-</u>	
Bed Charge		<u>3000/-</u>				<u>3000/-</u>	<u>1</u>
Nursing Charge							
Implant POP/casting		<u>1900/-</u>				<u>1900/-</u>	
Total		<u>10,050/-</u>					

Ten thousand fifty Rupees only

संपरा

Date and signature of Patient

Stamp of the hospital (Sign

