



लाइफ लाइन 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: Dhirendra

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 <u>Spana.</u>				Name, address, tel/fax of physician/surgeon <u>8009920083.</u>			
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>2000/-</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

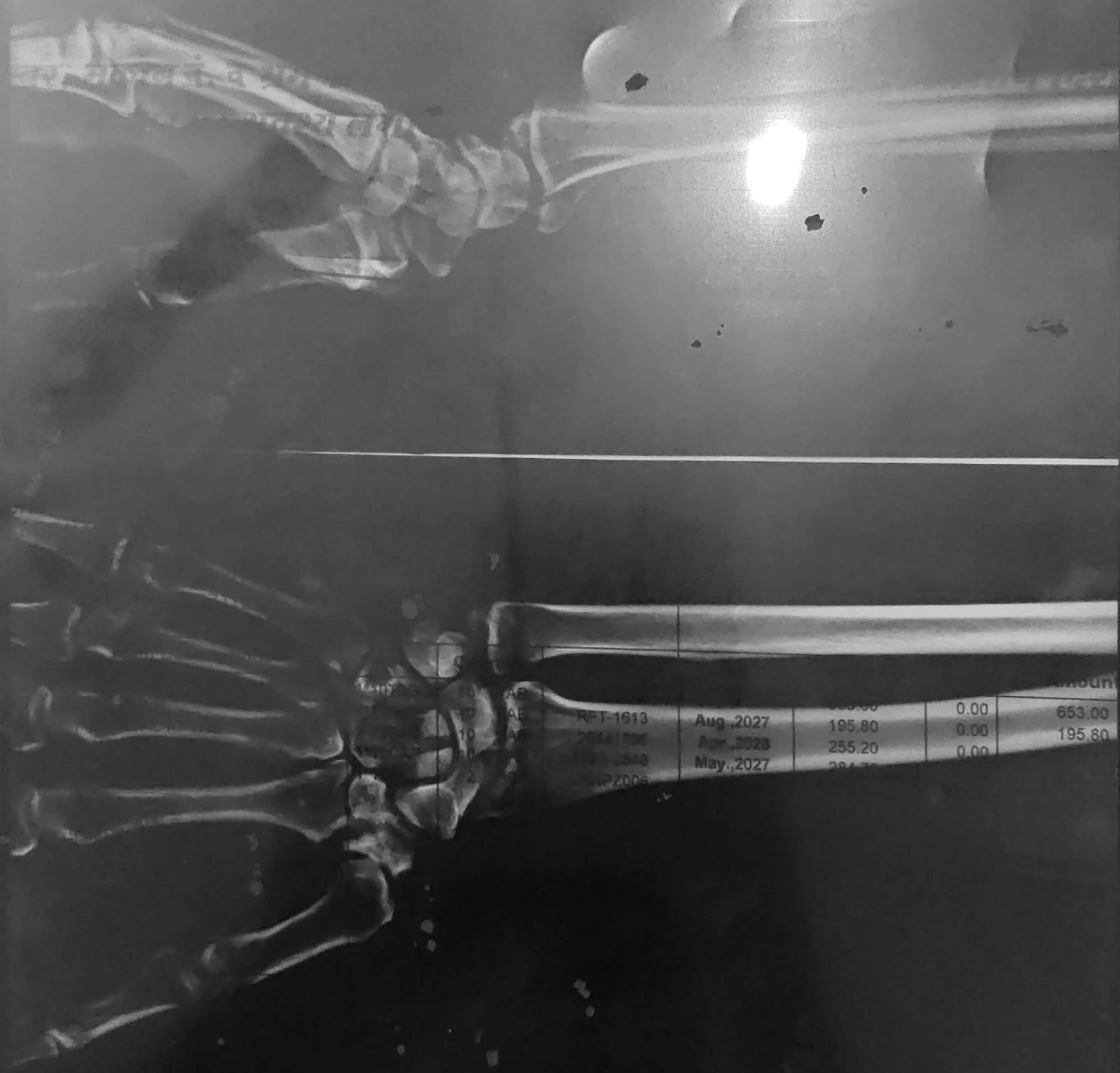
सपरा

Date and signature of Patient

V. Singh

Stamp of the hospital (Sign)





				Amount
0	AB	RFT-1613	Aug.,2027	195.80
10	AB	20141896	Apr.,2028	255.20
10	AB	20141896	May.,2027	284.75
2	AB	20141896		
				653.00
				195.80

DHEERENDRA 17082056-1 M FO.ARM/WRIST INT AP/LAT 17-Aug-26
 UTTAM X-RAY & PATHOLOGY BINDKI

LIFE LINE HOSPITAL & TRAUMA CARE CENTRE

Page No... 1

SHAURYA MEDICAL STORE
ABOONAGAR FATEHPUR-212601
Phone : 7525877373,9026816950
D.L.No. :UP71210000775
GST : 09AABTU2877J1ZW
E-Mail : richapradhan1986@gmail.com

Bill No : M006876 By: 001
Bill Dt : 17/08/2026 Time : 17:28
Patient Name DIRENDRA PATEL
Mobile No : ONLINE

S.No	Item Descriptions	Pack	Quantity	Batch.No	Expiry	M.R.P	Dis%	Amount
1	FUROCHECK CV 500MG	1*10TAB	10 TAB	CT25484A	May.,2027	653.00	0.00	653.00
2	TRAMAXIA TC	1*10TAB	20 TAB	JTD26D55A	Mar.,2028	165.00	0.00	330.00
3	OSTEO-D	1*10	10 TAB	RFT-1613	Aug.,2027	195.80	0.00	195.80
4	EMPTY DSR	1*10CAP	10 CAP	EJQ26001	Mar.,2028	155.00	0.00	155.00
5	7MUNE GOLD	1*10CAP	10 TAB	LSG-4390	Jun.,2027	234.37	0.00	234.37



{ GST 1551.17*0%=0SGST, }

MRP Value 1568.17
Less Discount 17.00
Rounded Off (+/-) -0.17

In Words - Rs. One Thousand Five Hundred and Fifty One only

Net Amount 1551.00

Terms & Conditions

- *NO RETURN WITHOUT BILL
- *NO RETURN FOR LOOSE/OPEN/CUT GOODS
- *NO RETURN AFTER 1 MONTH
- *All disputes subject to Allahabad Jurisdiction only
- *Please consult your Dr before using these medicines

For LIFE LINE HOSPITAL & TRAUMA CARE CENTRE

Authorised Signatory



Scanned with OKEN Scanner