<b>G</b> care	COST ESTIMATE			_		
Tourney design	Faces College Colleges	O- at activ	- " . [CC/DA	Date issued	17.07.24 :	
Prepared by Contact #	: SANLENDRA GUNGAH : 6051019	Cost estin Valid for	ļ	: SG/PACS/KS/0724/049 : 30 DAYS		
UHID	: C0014016	Age/Sex	: 56 YRS	: 56 YRS FEMALE		
Patient name	: MS NADINE MARIE NOELLE PHYLLIS ARMELLE	Contact #	ļ	: <u>57593459</u>		
DOB Address	: 8/11/1967 : ALLEE BRILLANT, VACOAS	NIC / Pass E-mail		ylive04@gmail.com		
Panel name	.[	Panel type	e : CASH			
Panel e-mail :		ranoctype	. 10/10/1			
Dear MS ARMEL	LLE					
	nsidering C-Care Wellkin as your trusted healthcare partner. We are commit o offer our best proposal for your upcoming treatment.	ted to deliverin	ig high-quality care	<b>≥.</b>		
			[			
Surgery name	i		Surgery class : CLASS 7			
Doctor : DR KARUNAGARAN SAMMANDAM Surgery date/time : Length of stay/days : 4 DAYS STAY						
Description/Part	iculars	Units	Rate (MUR)	Discount (MUR)	Amount (MUR)	
Doctor Fee					-	
Surgeon fee: Anesthetist fee: 5	: :004 Clace 7	1,450	19.5	<del> </del>	125,000 28,275	
	ee physician/cardiologist/Anesthetist: Excluded	1,700	10.0		20,210	
Operation Theatr	re					
OT Charges: Class					22,580	
OT Consumables. Equipment: Light		<del> </del>			137,000 14,330	
Equipment Eight 6001007 5 um						
Ward	(brainna cocc ei Mic	1	14,450		-	
Intensive care unit( in case required) Private Ward( General ward cost Rs 4260/Semi private cost Rs 5600)		4	14,450 8,300		33,200	
Medical administration/Physiotherapy					3,750	
Ward Consumables /Pharmacy Investigation: Blood/ x ray					25,000 16,000	
Blood transfusion: if packed cell transfused will be charged RS 3350 per unit used					10,000	
	mate excludes investigation, any additional stay, consignment, medical or				-	
surgical complice the above conditi	cations, medical referral , blood transfusion and treatment not related to tion					
					-	
					-	
					-	
-		ļ	Total amount (A	411D)	405 135	
			Total amount (N otal item discoun		405,135	
		Co	st estimate disco	unt (MUR)	405,135	
			Total estimated cost of treatment (MUR)			
admission specifics Upon admission, a For insurance patie patient/represental Upon discharge, the	DISCLAIMER FOR COST EST provides a general indication of treatment expenses, subject to variations based on the control type, and additional medical requirements.  100% down payment is required, as per the C-Care Policy. Any additional charges exents, it is the responsibility of the patient/guardian/legal administrator/Next of Kin to control the commits to settling any uncovered amounts when due.  It is remaining balance, as detailed in the final invoice, must be settled in full. Refunds,	he patient's med sceeding the esti confirm the level	mate will be commu	unicated during the pat e insurance company.	tient's stay. The	
The provided quota	nount be less than the deposit. ation is valid for 30 days from the date of issue and management reserves the right for	any price adjust	tments.			
Other remarks: N/A						
	ereby agree that the content and the clauses of the cost estimate have been exet that C-Care Wellkin Hospital sends my medical report and my cost estimate					
Patient/Next of	of Kin Signature:		Date:			
C-Care (Mauritius C-Care Wellkin, R	Royal Road, Moka	are (	<b>Ocare</b> WELLKIN	<b>Care</b> GRAND BAIE	Care	

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