

COST ESTIMATE



Date	: 07.06.2021	Dept	: ADMISSION OFFICE
Prepared By	: SANLENDRA GUNGAH	Reference	: SG/IPD/KT/0621/000
UHID	: NOT YET REGISTERED	Date of Birth	: 5 YEARS
Patient Name	: MASTER JEAN LIONEL BAVAJEE	Telephone No.	: 52594257
Patient Address	:	Email Address	:
Surgery/Diagnosis	: LEFT ANDERSON HYNES PYELOPLASTY	Class of Surgery	: CLASS 6
Doctor's Name	: DR KEVIN TEEROOVENGADUM	Surgery Time:	:

Service Name	Unit	Cost per unit (Mur)	Total Cost (Mur)
Professional Charges : Surgeon fees	2,300	18	41,400
: Anesthetist fee	1,150	18	20,700
Room Rent			
Private Ward	7	6,500	45,500
OT Charges			17,100
OT Consumables /OT Pharmacy			23,000
Equipment:C Arm/Monitor/Infusion pump			7,800
Medical administration/Physiotherapy			7,200
Ward Consumables / Ward Pharmacy			14,000
Baseline investigations: Blood/ultrasound			7,800
<i>Above Cost estimate excludes any additional stay, investigation, consignment, medical or surgical complications, medical referral and treatment not related to the above condition</i>			
Estimated Cost of Treatment in RS			184,500

Please note that:

A down payment of 100% of the cost estimate is required at time of admission.

In case additional cost not included in the above estimate arises, further payments will be requested from the patient/responsible party.

In case the patient is covered partly by an insurance company, the excess (i.e. the amount for the service rendered, which is not covered by the insurance) shall be immediately due and demandable and the patient/responsible party unequivocally undertakes to pay the said excess.

In the event, the claim is declined by the insurance company, the total cost shall be paid by the said patient/ responsible party declares having the required means and/or funds to pay the said total cost.

In the unlikely event that the deposit paid is more than the bill, refund will be made by cheque only.

Patient above 60 years of age needs to provide the National Identity Card for blood exemption fee at the time of blood request.

Important Note:

The estimate is only an indication of the cost of a typical treatment/ surgery.

In case of complication, a re-assessment will be made on the above cost estimate and you will be Informed accordingly.

For any inquiry about the Cost Estimate, Please call 605-1000 (Extension 2417/2084/2811)

Quotation is subject to price change. Management reserves the right in this jurisdiction

I, the undersigned, hereby agree that the content and the clauses of the cost estimate have been explained to me clearly and I am fully satisfied with the information provided. I also agree for Wellkin Hospital to send my medical report and the cost estimate to my insurance company for a guarantee of payment, if applicable.

Patient/Next of Kin Signature : _____

Date : _____

This Estimate is valid for 30 days

Wellkin Hospital, Royal Road, Moka, Republic of Mauritius. BRN C07002054
 Tel +230 605 1000 Fax +230 605 1100 Email info@wellkinhospital.com
 www.wellkinhospital.com
 C-Care (Mauritius) Ltd, 5th Floor, Ebène Skies, Rue de l'Institut, Ebène 80817, Mauritius