

Insert Clinic Logo

Insert Clinic Address and
Contact Number

ADMISSION TO PARKWAY EAST HOSPITAL

ESTIMATED DOCTOR'S FEE

NAME OF PATIENT

Bajjireddy Soujanya

NRIC/PASSPORT/FIN NO

S 8471350F

PROVISIONAL DIAGNOSIS

~~uterine fibroid~~ ↑ ET / prolapsed
bleeding /
poly

ESTIMATED LENGTH OF STAY IN HOSPITAL

4 Days Day Surgery

SURGICAL PROCEDURE

Hysteroscopy / Dec / Polypectomy /
myomectomy / uterine

TABLE OF SURGERY:

2B

OPERATION CODE:

S I 7 2 5 4

ESTIMATED DOCTOR'S FEEAMOUNT

Doctor's Fee

Op fee \$ \$2800

Other Charges (Please Specify):

Anaesthetic \$350

a) _____

Anesthetic \$700

b) _____

c) _____

Hospital charges ~ \$250 - \$350

Myomectomy \$1000

TOTAL Estimated Doctor's Fee : \$

Notes on Doctor's Fee Estimation

The above total estimated doctor's charges and length of hospital stay are the best estimates based on previous patients with similar diagnosis and treatment as that stated in the provisional diagnosis and the estimates do not take into account any complication(s) which may arise in the course of diagnosis, treatment or management of the patient or any medical condition which may arise or be discovered, whether foreseeable or not and howsoever caused during the period of the diagnosis, treatment or management of the patient. Actual charges for all hospitalization and services rendered and expenses incurred may differ from the above estimated charges depending on the final diagnosis, the patient's medical condition, actual treatment provided (including but not limited to the treatment of any complications that may arise or the treatment of any other condition that may be discovered during the patient's stay) and the actual stay in Hospital.

Bajjireddy Soujanya

Name of Patient

S.B. Soujanya

Signature

5/8/2015

Date

DR TING HUA SIENG (MCR 10180Z)
Specialist in Obstetrics & Gynaecology
MBChB (New Zealand) FAMS (Singapore)
MRCOG (United Kingdom) FRCOG (United Kingdom)

Name/Stamp of Doctor

Signature

BUSINESS OFFICE

Financial counselling completed for above patient on Date: _____ at Time: _____ for the above.

Name & Signature of Staff

Please bring this copy to Parkway East Hospital's Admission Office, Level 1 for Admission