



**AJINKYATARA**

**MULTISPECIALITY HOSPITAL PVT. LTD. SATARA.**

**RECEIPT**

No. **1767** Date: **19/8/2024**

Received with thanks from mayur Balkrishna Brage

the sum of Rupees 25000/- in word Twenty five thousand  
only/- cash /cheque / draft / No. online

Bank Name \_\_\_\_\_ in advance / Discharge / Other Against ☒

Payment of our Bill No./Or 13111 Dated \_\_\_\_\_

Rushikesh Ghadge

Patient / Relative Signature

(This receipt is valid subject to Realisation of cheque.)



Signature 2:46 PM

Ajinkyatara Multispeciality Hospital Pvt. Ltd.

**AJINKYATARA**

**MULTISPECIALITY HOSPITAL PVT. LTD. SATARA.**

**RECEIPT**

No. **1799**

Date: **21/08/2024**

Received with thanks from Mayur Balkrishna Barge

the sum of Rupees

15,000/-

in word

Fifteen Thousand

online

cash / cheque / draft / No.

5842

Bank Name

ACC.

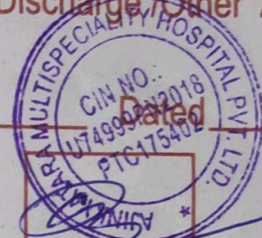
in advance / Discharge / Other Against

Payment of our Bill No./Or

13111

Balkrishna Namdeo Barge  
Patient / Relative Signature

(This receipt is valid subject to Realisation of cheque.)



Ajinkyatara Multispeciality Hospital Pvt. Ltd.



**AJINKYATARA**

**MULTISPECIALITY HOSPITAL PVT. LTD. SATARA.**

**RECEIPT**

No. **1806** Date **22/08/2024**

Received with thanks from Mayur Balkrishna Barge

the sum of Rupees 10,000/- in word Ten Thousand

only cash / cheque / draft / No. -

Bank Name - in advance / Discharge / Other Agains

Payment of our Bill No./Or 13111 Dated 22/08/24

Balkrishna Namdeo Barge  
Patient / Relative Signature

(This receipt is valid subject to Realisation of cheque.)



Ajinkyatara Multispeciality Hospital Pvt. Ltd.

**AJINKYATARA**

**MULTISPECIALITY HOSPITAL PVT. LTD. SATARA.**

**RECEIPT**

No. **1835** Date **24/8/2024**

Received with thanks from Mayur Balkrishna Borge

the sum of Rupees 15000/- in word Fifteen thousand

only/-

☒ cash / ☐ cheque / ☐ draft / No. \_\_\_\_\_

Bank Name \_\_\_\_\_ in advance / ☒ Discharge / Other Agains

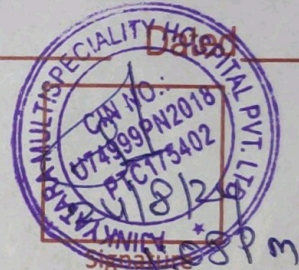
Payment of our Bill No./Or 13111

Balkrishna Borge

[Signature]

Patient / Relative Signature

(This receipt is valid subject to Realisation of cheque.)



Ajinkyatara Multispeciality Hospital Pvt. Ltd.





# Ajinkyatara Multispeciality Hospital PVT.LTD.

500 A/8, Sadar Bazar, Opp. Civil Hospital, Satara.

Phone No : 02162-239027 , 7719077890



## IPD BILL

UHID / Admission No : 06399 / 20240813111 / IP0001

Patient Name : Mr MAYUR BALKRISHNA BARGE

Gender / Age : Male / 28 Years

Address : A/P- KOREGAON NEAR PWD OFFICE TAL-  
KOREGAON DIST- SATARA, Satara,

Mobile No : 9665956827

Doctor Incharge : Dr.SANJAY PATIL

Bill Type : Final Copy

Bill No : IP/202408/1068

Bill Date : 24/08/2024

Admission Date : 19/08/2024 2:15 pm

Discharge Date : 24/08/2024 1:08 pm

Patient Category : Self Pay

No Of Days : 6

Particulars	Doctor	Rate	Qty	Total Amount
REGISTRATION CHARGES		500.00	1	500.00
BED CHARGES (GENERAL WARD )		1,500.00	6	9,000.00
RMO ( GENERAL WARD )		600.00	6	3,600.00
NURSING ( GENERAL WARD )		600.00	6	3,600.00
CONSULTANT PER VISIT (GENERAL WARD)	Dr. SANJAY PATIL	700.00	10	7,000.00
ECG (PER PROCEDURE)		350.00	1	350.00
NEBULISATION (PER PROCEDURE)		100.00	9	900.00
BSL (PER PROCEDURE)		100.00	1	100.00
FOLEYS CATHETOR (PER PROCEDURE)		700.00	1	700.00
BMW (PER DAY)		100.00	6	600.00
DRESSING (MINOR)		200.00	4	800.00
OT CHARGES (PER HOUR)		12,000.00	1	12,000.00
OT ASSISTANT		3,000.00	1	3,000.00
SURGEON CHARGES	Dr. SANJAY PATIL	18,000.00	1	18,000.00
ANASTHETICS	Dr. VAISHALI MORE	7,000.00	1	7,000.00

Company :

TPA :

Bill Amount :

67150.00

Concession :

2150.00

Prepared By : sagarg

Patient/Relative Signature

Date : 26/08/2024 1:20 pm Page 1 of 2



Patient Name : Mr MAYUR BALKRISHNA BARGE

Rate

Qty

Total Amount

Insurance Company : ,

**Total Amount :**

65000.00

Amount In Word : Rupees Sixty-Five Thousand Only

**Total Paid Amount :**

65000.00

**Pending Amount :**

0.00

### Payment Details -

Sr. No	Date	Mode	Amount	Chq/DD/Card No	Bank Name	E-trn/Card trn no
1	26/08/2024	Cash	65,000.00			0

### Advance Details

Sr. No.	Date	Receipt No	Deposit Amount	Used Amount	Balance Amount	Refund Pay Mode	Chq/Pay Bank Name	E-trn/Card trn no
1								

Doctor Signature

Authority Signature \_\_\_\_\_





Rx

$$\begin{array}{r} 25000 \\ + 15000 \\ + 10000 \\ + 15000 \\ \hline 65000 \end{array}$$

natural<sup>TM</sup>  
REMEDIES

