



Reg No: MH/THA/NA073

**Patient Name:** MRS. JAYASHREE SUNIL JOSHI

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Sumedh Kirdak

**Admitted Date:** 12/08/2025

**IPD ID:** IPD/29/08/2025

**Receipt No.:** IPD-IPD/29/08/2025

**UH ID:** AH/08/2025/28

**Discharged Date:** 14/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Single Room	12/08/2025 - 14/08/2025	2 days	12400
2	Registration	12/08/2025	1	500
3	HGT	12/08/2025, 13/08/2025, 14/08/2025	7	700
4	VEINFLOW	12/08/2025	1	200
5	ECG	12/08/2025	1	500
6	Dietitian visit	13/08/2025	1	700
7	Dr.Sumedh(Single Room)	12/08/2025, 13/08/2025, 14/08/2025	3	3600
				<b>Paid Amount</b> 18600
				<b>Grand Total</b> 18600

**Payment Mode:** Online

---

Patient Signature

---

Hospital Authority