



Patient Name: ASHA KOLI

Department: GENERAL MEDICINE

Consulting Dr.: Sumedh Kirdak

IPD ID: 19602072025

Receipt No.: IPD-19602072025

Admitted Date: 01/07/2025

Billing Details

| No | Description | Date | Qty | Amount |
|----|--------------------------------|-------------------------|--------|-------------------------|
| 1 | Room Charge For Triple Sharing | 01/07/2025 - 03/07/2025 | 2 days | 8600 |
| 2 | Registration | 01/07/2025 | 1 | 500 |
| 3 | VEINFLOW | 01/07/2025 | 1 | 200 |
| 4 | HGT | 01/07/2025 | 1 | 100 |
| 5 | Dietitian visit | 01/07/2025 | 1 | 700 |
| | | | | Discount 4300 |
| | | | | Grand Total 5800 |

Payment Mode: Online

Patient Signature

Hospital Authority