



**Patient Name:** MRS . BAKULA LAXMAN PAWAR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 25121072025  
**Receipt No.:** IPD-25121072025  
**Admitted Date:** 21/07/2025

**Billing Details**

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	20/07/2025 - 22/07/2025	2 days	11400
2	Registration	21/07/2025	1	500
3	HGT	21/07/2025	1	100
4	PHYSIO VISIT	22/07/2025	2	1000
5	ORTHO VISIT	22/07/2025	1	1500
6	Dietitian visit	22/07/2025	1	700
7	VEINFLOW	21/07/2025	1	200
8	ECG	21/07/2025	1	500
9	CHEST X-RAY	21/07/2025	2	2000
10	Dr.Sumedh(Twin Sharing)	21/07/2025, 22/07/2025, 23/07/2025	3	3600
Discount				1500
Grand Total				20000

**Payment Mode:** Online

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Hospital Authority