



Reg No: MH/THA/NA073

**Patient Name:** MAMATA D. KOLAMBKAR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 03/11/2025

**IPD ID:** IPD/10/11/2025  
**Receipt No.:** IPD-IPD/10/11/2025  
**UH ID:** AH/11/2025/07  
**Discharged Date:** 06/11/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	03/11/2025 - 06/11/2025	3 days	17100
2	Registration	03/11/2025	1	500
3	HGT	03/11/2025	1	100
4	ECG	03/11/2025	1	500
5	CHEST X-RAY	03/11/2025	1	1000
6	2D ECHO	04/11/2025	1	3000
7	NEBULISATION	03/11/2025, 04/11/2025, 05/11/2025, 06/11/2025	10	1500
8	Dr.Sumedh(Twin Sharing)	03/11/2025, 04/11/2025, 05/11/2025, 06/11/2025	4	4800
9	VEINFLOW	03/11/2025	1	200
				<b>Paid Amount</b>
				<b>28700</b>
				<b>Grand Total</b>
				<b>28700</b>

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority