



Reg No: MH/THA/NA073

**Patient Name:** VINAYAK SAWANT  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 06/10/2025

**IPD ID:** IPD/22/10/2025  
**Receipt No.:** IPD-IPD/22/10/2025  
**UH ID:** AH/10/2025/15  
**Discharged Date:** 09/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	06/10/2025 - 10/10/2025	4 days	22800
2	Registration	06/10/2025	1	500
3	HGT	06/10/2025	1	100
4	ECG	06/10/2025	1	500
5	CHEST X-RAY	07/10/2025	1	1200
6	Dr.Sumedh(Twin Sharing)	07/10/2025, 08/10/2025, 09/10/2025	3	3600
7	MEDICAL BILL CHARGE	06/10/2025	1	5395
8	LAB CHARGE	06/10/2025	1	4400
Paid Amount				38495
Grand Total				38495

**Payment Mode:** Online

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

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