



Reg No: MH/THA/NA073

**Patient Name:** MRS. SHUBHANGI BHAGWAN DESHMUKH  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 24/09/2025

**IPD ID:** IPD/69/09/2025  
**Receipt No.:** IPD-IPD/69/09/2025  
**UH ID:** AH/09/2025/63  
**Discharged Date:** 25/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	24/09/2025 - 26/09/2025	2 days	8600
2	Registration	24/09/2025	1	500
3	EMERGENCY CHARGES	24/09/2025	1	1500
4	VEINFLOW	24/09/2025	1	200
5	HGT	24/09/2025	1	100
6	ECG	24/09/2025	1	500
7	CHEST X-RAY	24/09/2025	1	1000
8	Dr.Sumedh(Triple Shar- ing)	24/09/2025	1	1000
Discount				900
Paid Amount				12500
Grand Total				13400

**Payment Mode:** Online

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Patient Signature

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Hospital Authority