



Reg No: MH/THA/NA073

**Patient Name:** DRAUPADI GOVIND GAVALI  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 18/09/2025

**IPD ID:** IPD/52/09/2025  
**Receipt No.:** IPD-IPD/52/09/2025  
**UH ID:** AH/09/2025/48  
**Discharged Date:** 19/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	17/09/2025 - 19/09/2025	2 days	8600
2	Registration	18/09/2025	1	500
3	VEINFLOW	18/09/2025	1	200
4	HGT	18/09/2025, 19/09/2025	6	600
5	Dr.Sumedh(Triple Sharing)	19/09/2025	1	1000
6	ECG	18/09/2025	1	500
7	EMERGENCY CHARGES	18/09/2025	1	1500
				Discount 1400
				Paid Amount 11500
				Grand Total 12900

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority