



Reg No: MH/THA/NA073

**Patient Name:** MRS. CHITRA ARUN HINDURAO

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Dr. Sumedh Kirdak

**Admitted Date:** 08/11/2025

**IPD ID:** IPD/20/11/2025

**Receipt No.:** IPD-IPD/20/11/2025

**UH ID:** AH/11/2025/17

**Discharged Date:** 11/11/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	08/11/2025 - 12/11/2025	4 days	17200
2	Registration	08/11/2025	1	500
3	VEINFLOW	08/11/2025	1	200
4	HGT	08/11/2025, 09/11/2025, 10/11/2025, 11/11/2025	9	900
5	Dietitian visit	10/11/2025	2	1400
6	Dr.Sumedh(Triple Sharing)	09/11/2025, 10/11/2025	2	2000
7	ECG	08/11/2025	1	500
8	CHEST X-RAY	08/11/2025	1	1000
				Discount 3300
				Paid Amount 20400
				Grand Total 23700

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority