



Reg No: MH/THA/NA073

**Patient Name:** VITHABAI JANU JADHAV  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 27/09/2025

**IPD ID:** IPD/76/09/2025  
**Receipt No.:** IPD-IPD/76/09/2025  
**UH ID:** AH/09/2025/71  
**Discharged Date:** 01/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	27/09/2025 - 02/10/2025	5 days	21500
2	Registration	27/09/2025	1	500
3	VEINFLOW	27/09/2025	1	200
4	HGT	27/09/2025	1	100
5	2D ECHO	30/09/2025	1	3000
6	ECG	27/09/2025	1	500
7	BEDSIDE XRAY	28/09/2025	1	1200
8	Dr.Sumedh(Triple Sharing)	29/09/2025, 30/09/2025, 01/10/2025	3	3000
				<b>Discount</b> 2000
				<b>Paid Amount</b> 28000
				<b>Grand Total</b> 30000

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority