



**Patient Name:** MRS. NIRMALA GUPTA  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 21409072025  
**Receipt No.:** IPD-21409072025  
**Admitted Date:** 07/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	07/07/2025 - 10/07/2025	3 days	12900
2	HGT	07/07/2025, 08/07/2025	2	200
3	Dietitian visit	09/07/2025	1	700
4	CHEST X-RAY	07/07/2025	1	1000
5	VEINFLOW	07/07/2025	1	200
6	Registration	07/07/2025	1	500
7	Dr.Sumedh(Triple Sharing)	08/07/2025	1	1000
				<b>Discount</b> 11500
				<b>Grand Total</b> 5000

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority