



Reg No: MH/THA/NA073

**Patient Name:** MR. SANKET MANDE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 08/09/2025

**IPD ID:** IPD/26/09/2025  
**Receipt No.:** IPD-IPD/26/09/2025  
**UH ID:** AH/09/2025/25  
**Discharged Date:** 12/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	08/09/2025 - 12/09/2025	4 days	22800
2	HGT	08/09/2025	1	100
3	Registration	08/09/2025	1	500
4	ECG	08/09/2025	1	500
5	Dietitian visit	08/09/2025	2	1400
6	OPERATION THEATRE CHARGES	09/09/2025	1	4000
7	ANAESTHESIA CHARGES	09/09/2025	1	6000
8	SURGEON CHARGES	09/09/2025	1	17000
				Discount 2300
				Paid Amount 50000
				Grand Total 52300

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority