



Reg No: MH/THA/NA073

**Patient Name:** MR . KARAN UMESH MANDE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 02/09/2025

**IPD ID:** IPD/09/09/2025  
**Receipt No.:** IPD-IPD/09/09/2025  
**UH ID:** AH/09/2025/08  
**Discharged Date:** 05/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Twin Sharing	02/09/2025 - 06/09/2025	4 days	22800
2	Registration	02/09/2025	1	500
3	HGT	02/09/2025	1	100
4	VEINFLOW	02/09/2025	1	200
5	ECG	03/09/2025	1	500
6	CHEST X-RAY	03/09/2025	1	1000
7	Dr.Sumedh(Twin Sharing)	03/09/2025, 04/09/2025	2	2400
Discount				4500
Paid Amount				23000
Grand Total				27500

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority