



Reg No: MH/THA/NA073

**Patient Name:** MRS. SUHASINI GAWDE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 31/07/2025

**IPD ID:** IPD/05/08/2025  
**Receipt No.:** IPD-IPD/05/08/2025  
**UH ID:** AH/08/2025/05  
**Discharged Date:** 04/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For ICU	31/07/2025	1 day	6900
2	Room Charge For Triple Sharing	01/08/2025 - 04/08/2025	3 days	12900
3	Registration	31/07/2025	1	500
4	HGT	31/07/2025, 01/08/2025, 02/08/2025, 03/08/2025, 04/08/2025	13	1300
5	O2	31/07/2025	1	2000
6	MONITOR	31/07/2025	1	1000
7	VEINFLOW	03/08/2025	1	200
8	NEBULISATION	31/07/2025, 01/08/2025, 02/08/2025, 03/08/2025, 04/08/2025	24	3600
9	CATHETERISATION	31/07/2025	1	1500
10	Dietitian visit	01/08/2025, 04/08/2025	2	1400
11	PHYSIO VISIT	01/08/2025, 02/08/2025, 03/08/2025, 04/08/2025	4	2000
12	ECG	31/07/2025	1	500
13	CHEST X-RAY	31/07/2025	1	1000
14	Dr.Sumedh(ICU)	31/07/2025, 01/08/2025	2	3200
15	Dr.Sumedh(Triple Sharing)	02/08/2025, 03/08/2025, 04/08/2025	3	3000
				<b>Paid Amount</b> 41000
				<b>Grand Total</b> 41000

**Payment Mode:** Online

Patient Signature

Hospital Authority