



Reg No: MH/THA/NA073

Patient Name: MRS . SARIKA BANDAL
Department: GENERAL MEDICINE
Consulting Dr.: Dr. Sumedh Kirdak
Admitted Date: 06/09/2025

IPD ID: IPD/21/09/2025
Receipt No.: IPD-IPD/21/09/2025
UH ID: AH/09/2025/20
Discharged Date: 09/09/2025

Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	06/09/2025 - 09/09/2025	3 days	12900
2	Registration	06/09/2025	1	500
3	HGT	06/09/2025	1	100
4	ECG	06/09/2025	1	500
5	CHEST X-RAY	06/09/2025	1	1000
6	VEINFLOW	06/09/2025	1	200
7	O2	06/09/2025, 07/09/2025, 08/09/2025	3	6000
8	BLOOD TRANSFUSION	07/09/2025	1	1500
9	NEBULISATION	06/09/2025, 07/09/2025, 08/09/2025, 09/09/2025	10	1500
10	Dr.Sumedh(Triple Shar-ing)	06/09/2025, 08/09/2025, 09/09/2025	3	3000
Discount				700
Paid Amount				26500
Grand Total				27200

Payment Mode: Cash

Patient Signature

Hospital Authority