



Reg No: MH/THA/NA073

**Patient Name:** JAGDISH KUMAR  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 17/06/2025

**IPD ID:** 16717062025  
**Receipt No.:** IPD-16717062025  
**UH ID:** AH6717062025  
**Discharged Date:** 19/06/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	17/06/2025 - 20/06/2025	3 days	12900
2	Registration	17/06/2025	1	500
3	HGT	17/06/2025	1	100
4	RYLES TUBE INSERTION	17/06/2025	1	1200
5	ECG	17/06/2025	1	500
6	NEPHROLOGIST VISIT	17/06/2025, 18/06/2025	2	4000
7	SURGEON VISIT	17/06/2025	1	1500
8	Dietitian visit	17/06/2025	1	700
9	Dr.Sumedh(Triple Sharing)	17/06/2025, 18/06/2025	2	2000
				<b>Discount</b> 1400
				<b>Paid Amount</b> 22000
				<b>Grand Total</b> 23400

**Payment Mode:** Online

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Patient Signature

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Hospital Authority