



Reg No: MH/THA/NA073

**Patient Name:** MRS. NISHA CHAVAN  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 03/09/2025

**IPD ID:** IPD/15/09/2025  
**Receipt No.:** IPD-IPD/15/09/2025  
**UH ID:** AH/09/2025/14  
**Discharged Date:** 05/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Single Room	03/09/2025 - 05/09/2025	2 days	12400
2	Registration	03/09/2025	1	500
3	EMERGENCY CHARGES	03/09/2025	1	1500
4	O2	03/09/2025, 04/09/2025	2	4000
5	NEBULISATION	03/09/2025, 04/09/2025, 05/09/2025	6	900
6	HGT	03/09/2025, 04/09/2025, 05/09/2025	3	300
7	ECG	03/09/2025, 04/09/2025	2	1000
8	BEDSIDE XRAY	04/09/2025	1	1200
9	Dr.Sumedh(Single Room)	04/09/2025, 05/09/2025	2	2400
			<b>Paid Amount</b>	<b>24200</b>
			<b>Grand Total</b>	<b>24200</b>

**Payment Mode:** Online

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Patient Signature

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Hospital Authority