



Reg No: MH/THA/NA073

**Patient Name:** KAMAR KAZI  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 09/10/2025

**IPD ID:** IPD/31/10/2025  
**Receipt No.:** IPD-IPD/31/10/2025  
**UH ID:** AH/10/2025/27  
**Discharged Date:** 13/10/2025

### Billing Details

| No | Description                    | Date   | Qty                | Amount       |
|----|--------------------------------|--|--------------------|--------------|
| 1  | Room Charge For Triple Sharing | 09/10/2025 - 13/10/2025                                    | 4 days             | 17200        |
| 2  | Registration                   | 09/10/2025   | 1                  | 500          |
| 3  | VEINFLOW                       | 09/10/2025   | 1                  | 200          |
| 4  | HGT                            | 09/10/2025, 10/10/2025, 11/10/2025, 12/10/2025, 13/10/2025 | 50                 | 5000         |
| 5  | INFUSION PUMP                  | 09/10/2025, 10/10/2025, 11/10/2025                         | 3                  | 3000         |
| 6  | Dietitian visit                | 10/10/2025   | 2                  | 1400         |
| 7  | ECG                            | 09/10/2025   | 1                  | 500          |
| 8  | CHEST X-RAY                    | 09/10/2025   | 1                  | 1000         |
| 9  | Dr.Sumedh(Triple Shar-ing)     | 09/10/2025, 10/10/2025, 11/10/2025, 13/10/2025             | 4                  | 4000         |
|    |                                |  | <b>Paid Amount</b> | <b>32800</b> |
|    |                                |  | <b>Grand Total</b> | <b>32800</b> |

**Payment Mode:** Online

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Patient Signature

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Hospital Authority