



Reg No: MH/THA/NA073

**Patient Name:** ANILKUMAR YADAV  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 12/10/2025

**IPD ID:** IPD/40/10/2025  
**Receipt No.:** IPD-IPD/40/10/2025  
**UH ID:** AH/10/2025/40  
**Discharged Date:** 15/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Single Room	12/10/2025 - 15/10/2025	3 days	18600
2	Registration	12/10/2025	1	500
3	VEINFLOW	12/10/2025	1	200
4	HGT	12/10/2025	1	100
5	ECG	12/10/2025	1	500
6	CHEST X-RAY	13/10/2025	1	1000
7	Dr.Sumedh(Single Room)	13/10/2025, 14/10/2025, 15/10/2025	3	3600
Paid Amount				24500
Grand Total				24500

**Payment Mode:** Online

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Hospital Authority