



Reg No: MH/THA/NA073

**Patient Name:** MRS. NILA SAWANT  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak  
**Admitted Date:** 11/08/2025

**IPD ID:** IPD/26/08/2025  
**Receipt No.:** IPD-IPD/26/08/2025  
**UH ID:** AH/08/2025/25  
**Discharged Date:** 12/08/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Single Room	11/08/2025 - 13/08/2025	2 days	12400
2	Registration	11/08/2025	1	500
3	VEINFLOW	11/08/2025	1	200
4	HGT	11/08/2025, 12/08/2025	4	400
5	AIRBED	11/08/2025	1	500
6	ECG	11/08/2025	1	500
7	BLOOD TRANSFUSION	11/08/2025, 12/08/2025	2	3000
8	Dr.Sumedh(Single Room)	12/08/2025	1	1200
			<b>Paid Amount</b>	<b>18700</b>
			<b>Grand Total</b>	<b>18700</b>

**Payment Mode:** Online

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Patient Signature

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Hospital Authority