



Reg No: MH/THA/NA073

**Patient Name:** MR. CHANDRAKANT KEER

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Dr. Sumedh Kirdak

**Admitted Date:** 18/10/2025

**IPD ID:** IPD/59/10/2025

**Receipt No.:** IPD-IPD/59/10/2025

**UH ID:** AH/10/2025/53

**Discharged Date:** 24/10/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For ICU	17/10/2025 - 21/10/2025	4 days	27600
2	Room Charge For Triple Sharing	21/10/2025 - 25/10/2025	4 days	17200
3	Registration	18/10/2025	1	500
4	VEINFLOW	18/10/2025	1	200
5	MONITOR	18/10/2025, 19/10/2025, 20/10/2025, 21/10/2025	4	4000
6	NEBULISATION	18/10/2025, 19/10/2025, 20/10/2025, 21/10/2025, 22/10/2025, 23/10/2025, 24/10/2025	20	3000
7	HGT	18/10/2025, 19/10/2025	2	200
8	CATHETERISATION	19/10/2025	1	1500
9	NEUROLOGIST VISI	19/10/2025, 20/10/2025, 21/10/2025, 22/10/2025, 23/10/2025	5	10000
10	PHYSIO VISIT	18/10/2025, 19/10/2025, 20/10/2025, 22/10/2025, 23/10/2025, 24/10/2025	7	3500
11	ECG	18/10/2025	1	500
12	BEDSIDE XRAY	18/10/2025	1	1200
13	Dr.Sumedh(ICU)	18/10/2025, 19/10/2025, 20/10/2025	3	4800
14	Dr.Sumedh(Triple Sharing)	22/10/2025, 23/10/2025	2	2000
15	EMERGENCY CHARGES	18/10/2025	1	1500
				<b>Discount</b> 1200
				<b>Paid Amount</b> 76500
				<b>Grand Total</b> 77700

**Payment Mode: Online**

Patient Signature

Hospital Authority