



**Patient Name:** RAVINDRA B . SONAWANE  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 25722072025  
**Receipt No.:** IPD-25722072025  
**Admitted Date:** 21/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For ICU	21/07/2025	1 day	6900
2	Room Charge For Triple Sharing	22/07/2025	1 day	4300
3	Registration	21/07/2025	1	500
4	O2	21/07/2025, 22/07/2025	2	4000
5	MONITOR	21/07/2025, 22/07/2025	2	2000
6	HGT	21/07/2025, 22/07/2025	3	300
7	Dietitian visit	22/07/2025	1	700
8	BEDSIDE XRAY/EMERGENCY XRAY	21/07/2025	1	1200
9	ECG	21/07/2025, 22/07/2025	7	3500
10	VEINFLOW	21/07/2025	1	200
11	Dr.Sumedh(Triple Sharing)	22/07/2025	1	1000
Discount				4600
Grand Total				20000

**Payment Mode:** Online

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

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