



**Patient Name:** MR. MADHUKAR SURAVKAR

**Department:** GENERAL MEDICINE

**Consulting Dr.:** Sumedh Kirdak

**IPD ID:** 22912072025

**Receipt No.:** IPD-22912072025

**Admitted Date:** 12/07/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	12/07/2025 - 17/07/2025	5 days	21500
2	Registration	12/07/2025	1	500
3	HGT	12/07/2025	1	100
4	ECG	12/07/2025	1	500
5	BEDSIDE XRAY	12/07/2025, 15/07/2025	2	2400
6	Dietitian visit	14/07/2025	1	700
7	VEINFLOW	13/07/2025	1	200
8	Dr.Sumedh(Triple Sharing)	12/07/2025, 14/07/2025, 15/07/2025	3	3000
				Discount 900
				Grand Total 28000

**Payment Mode:** Cash

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Patient Signature

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Hospital Authority