



Reg No: MH/THA/NA073

**Patient Name:** MR. HARISH SANJAY RATHOD  
**Department:** GENERAL MEDICINE  
**Consulting Dr.:** Dr. Sumedh Kirdak  
**Admitted Date:** 15/09/2025

**IPD ID:** IPD/48/09/2025  
**Receipt No.:** IPD-IPD/48/09/2025  
**UH ID:** AH/09/2025/44  
**Discharged Date:** 17/09/2025

### Billing Details

No	Description	Date	Qty	Amount
1	Room Charge For Triple Sharing	15/09/2025 - 18/09/2025	3 days	12900
2	Registration	15/09/2025	1	500
3	HGT	15/09/2025	1	100
4	VEINFLOW	15/09/2025	1	200
5	ECG	15/09/2025	1	500
6	CHEST X-RAY	16/09/2025	1	1000
7	Dr.Sumedh(Triple Shar- ing)	16/09/2025	1	1000
Discount				1200
Paid Amount				15000
Grand Total				16200

**Payment Mode:** Online

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Patient Signature

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Hospital Authority